VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. ...

### 2411 N. Charles St., Baltimore (2) CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Montgomery	(For newborn infants give residence of mother)		
(If outside city or town limbs, write RURAL and give nearest town)	state Mary County Mout gamery		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Atract No.		
The Montgomery County General Hospital	treet No		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mrs. Margaret Albright			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH. P. D. 1. 1. 23 19.47 21 1: 3.22M		
6.(b) Name of husband or wife M1. John Albright	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	February 28 1847 to April 23 1847.		
7. Birth date of	and that I tast saw h.S.V. alive on P. Pril 23 18.47		
deceased (mo., day, yr.) Majeh 10, 1916			
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION  Carcinoma of ecroix 1/2 45.		
31 1 13hrsmin.			
	general metastasis		
9. Birthplace Wheaton Mentgamery Ca. Md. (Town, compy, and state)	Oue to		
10. Usuat occupation Housew Xe	Due to.		
11. Industry or business Home			
# 12. Name Bay Mand Case	Other conditions		
12. Name Playmand Case  13. Birthplace 5: 10er 5 pring, and			
	(Include pregnancy within 3 months of death)		
14. Maiden came Saphie Moore  15. Birthplace Pitton Md	Major findings of operations.		
2 15. Birthplace Piktox, Md	Date of op		
16. Informant Has pital records.	Autopsy rosults		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address and april 25 1947	22, VIOLENCE: If death wes due to externel causes, fill in the following;		
(Burial, cremation, or removal. Which?)  Bate thereof. (April 25 1997)  [amonth) (day) (your)	Accident, suicide, or homicide		
Marine Garage	Where did tojury occur?		
Cemetery or crematory			
Location Durbasill Mock.	injured at home, farm, industry, public place (where?)		
18. Fuoeral director Manny & lumphry	Means of Injury Injured at work?		
Address Silver Spring, Tilder	Richard Q. Mates M.D.		
11-211 14 94.0 12	M. D. or other		
19. ————————————————————————————————————	Address Sandy Spring Madale signed 4/23/47		

MILITARIN NO TRANSPORTATION OF ANY PARTY

HEART ARE STADISHTSON

HE SENSON THE WARRY OF A PARTICULAR OF

RECEIVED MAY 7 1947 BTRFA' 8

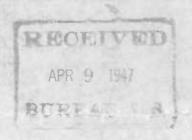
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore 95-01

01146

CERTIFICAT	E OF DEATH Reg. Dist. No. 2/6
1 PLACE OF DEATH: County MONT GOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
How long in above place of death?	(If outside city or town limits, write RURAL and give neurest town)  Street No. 3624-BRANDYWINE  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4 Sev   5. Color or race   6.(a) Single, married, widowed, own livorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH. 4 APT 1 1947, at 100 A.M.
6.(b) Name of husband or wife NATHARINE L. BERRY  6.(c) If alive, give age 49 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that flast saw h. J. M. alive on
deceased (mo., day, yr.) Sept. 27-1886  8 AGE: Years   Months   Days   If less than one day	Immediate cause uf death
8. AGE: Years   Months   Days   If less than one day	Mygcardial failure 3 days
9. Birthplace. Washington, D.C. Frown, county, and state)	oue to Heart bleck, complete unknowy
10. Usual occupation	Oue to Cause undetermined
11. Industry or business	Other conditions Enlarged heart On Known
12. Name	
Ella Hunts	(Inclode pregnancy within 8 months of death)
to and	Major fiudiugs uf operatiums.
Wathanine L. Bourd	Date of op.
2454 125044444	Autopsy results
P 1	22. VfOLENCE: If death was due to external causes, fill in the following;
17. Burial, cremation, or removul, Which?)  Oate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt. Hebron	Where did injury occur?
Location Dinches Ater, la.	Injured at home, farm, industry, public place (where?)
19. Funeral director seekh Lawlers San	Means of Injury Injured at work?
Address /1786 Penna are, 7721	23 SIGNATURE Stewar July M. R.
19. 4/4 1947 Am E Les Registrar)	Address 3921 Organa St. Lord D.C. Date signed 4 april'()

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15



and the second dated to the second

APR 18 1947

6 1 1 1 3

. Date signed 4-13-

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Juan

### CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat.	No
1. PLACE OF DEATH:  County  City or lown  (If outside city or town limits, write RUBAL and give nearest town)  How long in above piace of death?  Hospital, institution, or street address where death occurred:  Lagrange How iong in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	i give nearest town)
3. (a) FULL NAME	3. (b) Social S	Security Number
Mordecai Cector Born	ng	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	ON
male white undowns	20. DATE OF DEATH AARL 13 1	947 at 3:0 - A
S,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atte	ended deceased from
7. Birth date of deceased (mo., day, yr.) June 4 1870	Immediate enuse of death.	DURATION
8. AGE: Years Months Days if less than one day	Simple Cause of Seattle.	7
76 10 9min.	Coronary occlusion	The same of the sa
9. Birthplace	Due to.	7
	Dther conditions.	
El ha a a		
14. Maiden name 2 Linga Burnes  15. Birthpiace Manyland	(Include pregnancy within 3 months of death)  Major findings of operations	
El 15. Birthpiace Manyland	Date of	ор
16. Informant Color Barrella	Autopsy results	e charged statistically.
Address  17. Surial (Burial, cremation, or removal, Which?)  Date thereof. Sporth (day) (year)	Noticent value of the second	of
Location Cawell of Md	Where did injury occur?	
Edul & Militar	Means of injury injured at	work?
18. Funeral director. However the Address Howard Ma	Thank & Brosch	act M.J.
	23. SIGNATURE	M, D, or other

APR 16 1947

STREAT B

1. PLACE OF DEATH:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (924)

2. USUAL RESIDENCE (HOME) OF DECEASED:

### CERTIFICATE OF DEATH

county Montgomery	(For newborn intants give residence of mother)		
City or townWashing ton Grove MD (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	State Maryland County Montgomery Washington Grove MD		
How long in above place of death? FII TY Years	City or town Washington Grove MD (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No		
How long In hospital or institution?	(If rural, give LOCATION)  None		
3. (a) FULL NAME	3. (b) Social Security Number		
C lara Belle Brake	S. (0) Social Security Number		
Female White S. (a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION  20. DATE DF DEATH CARL 23 19 47 21 9:00 A M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) March. 24.1858	Immediais cause of death		
8. AGE: Years   Months   Days   If less than one day   30	acute Cardine diletatin 20 min.		
9. Birihpiace Bergton VA.	Due to Chronic Salvelan heart 52		
1D. Usual occupation House Wife	Due to.		
11. Industry or business  12. NameJo.sephSouder	Dther conditions		
13. Birthplace Va.	(Include pregnancy within 3 months of death)		
14. Maiden name Cathern Bashore Va.			
Va.	Major findings of operations.		
16. Informant Miss. Bessie C. Brake	Antopsy results		
Address Washington Grove MD.  Burial  Burial  (Burial, cremation, or removal. Which?)  Burial, cremation, or removal. Which?)	22. VIOLENCE: ti death was due to external causes, till in the following:  Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?)  Cemetery or crematory.  ST. Lukes Luthern	Where did taken occur?		
Location Redland MD.	Injured at home, tarm, industry, public place (where?)		
18. Funeral directorRoy W. Bar ber	Means of injury Injured at work?		
Address Laytonsville MD	23 SIGNATURE Al Broschart M. S.		
C 1 2 - 19 (1) 1 1 1 1 1 1 1	M. D. or other		
(Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address danshirt sel Date signed 4-24-X7		

APR 28 1947

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13%)

01151

Reg. Dist. No. 216

### CERTIFICATE OF DEATH

1. PLACE OF DEA	TH: itgomery	•••		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or townBei				State Va. County.		
				City or town Alexandria	Patter a	
How tong in above place : Hospital, institution, or	of death?	death occurred		Street No. 110 East King St		
			•	Street No. (If rural, give	LOCATION)	
			***************************************		TW .	
			•••••••••••••••••••••••••••••••••••••••	2.(u) 11 veteran, name war		
3. (a) FULL NAME					3. (b) Socia	
James Me	lvin BRAN	VEGAN				
4. Sex	5. Color or race	6.(a)Singi	, married, widowed, or divorced	MEDICAL C	ERTIFICAT	
male	W-US		widowed	6 Ameri 7		
1111111	11 00			20. DATE OF DEATH		
6.(b) Name of husband	or wife		***************************************	21. I CERTIFY that death occurred on the date abo		
77		6.60	t) If alive, give age	18 March 19		
7. Birth date of		ov. 11.		and that I last saw h., A.L alive on		
deceased (mo., day, you			If less than one day	Immediate cause of death	MI	
0. 1.02.				Tuberculosis	1-111110	
77		24	hrs	- C.	pheum	
9. Birthplace			West Va.	Due to		
	(Town	, county, and a	tate)		*******************	
10. Usual occupation	Kerriea		***************************************	Due to		
11. Industry or business			<u> </u>			
E 12 Name U	nknown			Dther conditions		
12. Name	unkno					
cc				(Include pregnancy within 8	months of death)	
14. Maiden name	unlm	ovn	***************************************	Major findings of operations		
2 15. Birthplace	un	known				
mie frie	nd · Mrs .	Montha	Johnson		Milian	
				PHYSICIAN: Please underline the caose to w	hich death should	
Address 110 E	ast Aing		exandria, Va.	22. VIOLENCE: If death was due to external ca	uses, fill in the tol	
17. Burial (Burial, cremation,		Date ther	(month) (day) (year)	Accident, suicide, or homicide		
				mm 0.4.1.1		
Cemetery or cremator	ryArling	gton Na	tional			
LocationAr	lington V	7a.		Injured at home, farm, industry, public place (w	here?)	
	Consender of	w./3	nol Dimontone	Means of Injury	Injured	
			al Directors	HILKING	atr.	
Address 809	Cameron S	ALEX	candria Va.	TOMES	Wr. cd	
5 A7	mi 7 1.7	Mary	Charlotte Smith	n 23. SIGNATURE		
(Date rec'd by re	gistrar)	Traces at	Regis	strar Address USNH Bethesda, Md.	************************	

Street No. 110 East King St	LOCATION)	
2.(a) If veteran, name war lst W	W	ν
•	3. (b) Social Securi	ity Number
MEDICAL CE	RTIFICATION	13 2 11
20. DATE OF DEATH	19	7 at 1:29 A
21. I CERTIFY that death occurred on the date above 18 March 19 and that I last saw h	te stated; that I attended of	leceased from
		DUDATION
Tuberculosis Tuberculosis	Miliary Opermoni	a 4 week
Due to		******
	,	
Due to	***************************************	
Dther conditions	***************************************	*****
(Include pregnancy within 3 m	nonths of death)	
Major findings of operations	••••	***************************************
Antoney results Tuberculosis	Miliary	
PHYSICIAN: Please underline the caose to wh		ged statistically.
22. VIOLENCE: If death was due to external cau		
Accident, suicide, or homicide		
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (wh	ere?)	
Means of Injury	Injured at work?	
23. SIGNATURE HOLL JONES	Gr. Cdr. (M	C) USN

(if outside city or town limits, write RURAL and give nearest town)

information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes FOR MARGIN RESERVED important. PLAINLY, vis especially

A PLEASE

APR 19 1947
BUREAU V 8

1. PLACE OF DEATH:

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
THE PARK IS WITH THE	D # 3 F # M	TANK TARE & HITCHIEF &	V 4	*****

2411 N. Charles St., Baltimore 47-2

2. USUAL RESIDENCE (HOME) OF DECEASED:

### CERTIFICATE OF DEATH

01152 Reg. Dist. No. 216

County	(For newborn infants give residence of mother)  State Md County Caragonical State County (If outside eity or town limits, write RURAL and give nearest town)  Streef No. Germantown Route #2  (If rural, give LOCATION)  2.(a) If veteran, name war		
BRIDGEMAN, William Frankli  4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	m MEDICAL CERTIFICATION		
male W-US married	2D. DATE OF DEATH. 1 April 19 47 at 1:05A		
6.(b) Name of husband or wife Maggie Bridgeman  6.(c) If allve, give age year  7. Birth date of decreased (no. day yr.)  23 September 1890	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  8 March 19 47 19 47 and that I last saw h. im. alive on I April 19 47		
8. AGE: Years   Months   Days   If less than one day	Due 10. Due 10		
9. Birthplace	Due to.		
14. Maiden name Barbara Bridgeman dec.  15. Birthplace Va.  16. Informant Wife: Mrs. Maggie Bridgeman	(Include pregnancy within 3 months of death)  Major findings of operations		
Address Route #2, Germantown, Md.  17. BURIAL Date thereof Li-Li-L7 (Burial, cremation, or removal, Which?)  Cemetery or crematory Arlington National	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Location Arlington, Va.  18. Funeral director W. W. CHAMBERS  Address 11:00 Chapin St., N. W. Wash., D. C. Many May The Smith	Means of Injury Injured Swith  23. SIGNATURE  M. D. or other  M. D. or other		
19. 19-2- 1947 Mary Charlotte, Smith Registrar	Address USNH Bethesda, Md. Date signed 4-2-47		

APR 8 1947 BLAGAT 6

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

### CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Monly one	State Share County Date Comen		
City or town (If outside city or town limits, write RURAL) and give nearest town)	Alilia Staring		
How long in above place of death?	(If outside city or town limits, wate RURAL and give nearest town)		
306 normande De	Street No. 300 (1f rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
anna Cecila Brian			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
T Windowed	20. DATE OF DEATH 9 Cop 1947, at 9:50 PM		
8, (b) Hame of husband or wife Edward 1 Bruen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	27 march 19 47, 10 9 april 19 47		
7. Birth date of deceased (mo., day, yr.) Then 9 1867	and that I last saw h		
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death		
79 11hrsmin.	and the state of t		
Buchlen 2 4			
9. 8irthplace (Town, county, and state)	Due to		
10. Usual occupation	Due to		
11, industry or business			
12. Name Busen 12 County Irland	Other conditions General States of Contract Cont		
14. Maiden name Many Ryan	(Include pregnancy within 5 months of death)		
15. Birthplace	Major findings of operations.		
21 15. Birthplace			
Address 366 fromand Dr. Solver Spring	Autopsy results		
	22. VIOLENCE: tf death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)  Date thereof month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did lojury occur? (City or town) (County) (State)		
Location Clexandua Da	injured at home, tarm, industry, public place (where?)		
18. Funeral director el one & Pemphony	Means of Injury Injured at work?		
Address Li Cu & Shring - gold.	William D Chief mis		
Audiess Color	23. SIGNATURE		
19. (Days ree'd by registrar)  Registrar	Andresa Selver Spring mis signed Samily		

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 775-a

### CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MONIGONERY COUNTY		
County Dalagane	(For newborn infants give residence of mother) MONIGOMERY COUNTY		
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mary Land County Montgomery		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:			
	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME			
Millert TB+	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced			
	MEDICAL CERTIFICATION		
Male   White   Single	20. DATE OF DEATH. CARL 17 19 34 7 at 4:30 P M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6 (A) Mallion of the second	20 App pref (2000) 19 10 19		
7. Sirth date of	and that I last saw hall ve on		
deceased (mo., day, yr.) January 16, 1914	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Inter crassial frementings to is		
33   3   1  hrsml	1. due to frature of should in		
9. Birthplace Darn estown Md (Town, county, and state)	Due to		
	(accidental)		
1D. Usuat occupation Farmer	Due to.		
11. Industry or business Own Farm	_		
12. Name John T. Butts 13. Birthplace Montgomery Co., Md.	Dther conditions		
13. Birthplace Montgomery Co., Md.			
14. Malden name Duel-1 Gloyd	(include pregnancy within 8 months of death)		
14. Malden name Duel   Gloyd 15. Birthplace Baltimore, Md.	Major fiadings of operations.		
	— Bale of op		
16. Informant Naomi B. Wheeler			
Address 319 Beall Ave., nockville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: tf death was due to external causes, fill in the following;		
t7. Burial Date thereof 4/20/47 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Darnestown Church Cem.	Where did injury occur? Amelian R-3 Manage (City or town) (County) (State)		
Location Darnestown, Md.			
1 m Ray la De al			
Address 7557 Wisconsin Ave., Bethesola, Md.			
19. 4-21 1942 Wyloupson 40	23. SIGNATURE M. D. or other		
(Date rec'd by registrar)	17 Address Free They have me Bala signed 4-17-47		

APR 22 1947

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### 9-45-15M VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 240



### CERTIFICATE OF DEATH

01155

1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Tontgomery	MI STATE
City or town	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street addrass where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It voteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clay Thomas Carlin	216-22.2467
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Single	20. DATE OF DEATH CLOTIC 3: 19.47 at 28P M
	21. I CERTIFY that death occurred on the date above stated; that I attended degraged from
6.(6) Name of husband or wife	may 1946 Okr 5 1847
7. Birth date of	and that I last say h. hor alive on Cabo. 12
deceased (mo., day, yr.) 27 - 17 - 1889	Immediate cause ut death DURATION
8. AGE: Years donths Days If less than one day	and Coronary Trambas 10 min
58 2 24hrsmin.	
Boud montaica Md	Bus to Salesons of the Live
9. Birthplace (Town, county, and state)	Comery arteries:
18. Usual occupation. Tanagerot amusemen	Due fo
11. Industry or business Park	
E 12 Name Lohn T Corlin	Other conditions Chromes Simules 10 45.
12. Name COT I COT I I I I I I I I I I I I I I I I I I I	(Include pregnancy within 3 months of death)
14. Maiden name Fronces R Himmell	
E	Major findings of operatious.
	Date of op.
16. Informant Les Je Corlin	Autopsy results
Address Boyd - RFD, md	22. VIOLENCE: It death was due fo external causes, till in the following;
17 Burial Date thereof a bx 118-4	Accident, suicide, or homicide
17. (Buriai, eremation, or removal. Which?)  Date thereof (month) (day) (year)	
Cemetery or crematory	Whore did injury occur?
Location Barnesville, Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director William B Hilton	Moans of Injury Injured at work?
13 3 M - 1	116 at Museum Min
Address NOT TRESTITE TO	23. SIGNATURE M. D. or other
19. april 7 18 47 Mrs. C. C. Hilton	Dalarando Ma
(Dale rec'd by registrar) By Mrs. to. B. Megistrar	Addressa Coll 1011/101 Date signed Date signed
	L.O. Or love . The

APR 11 1947

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

### CERTIFICATE OF DEATH

01156
Reg. Dist. No. 2/7

1. PLACE OF DE					2. USUAL RESIDENCE (HOME) OF	DECEASED:	
county Sont gomery		(For newborn Infants give residence of mother)  State Maryland County Montgomery					
City or town							
			and give nearest		City or town Orac Keus /e. (If outside city or town limits	write RURAL and give ner	reat town)
Hospital, Institution, or	street address where	death occurred	1:	٠,			
			Jeneral Ho	Spetal	Street No(If rural, give		
How long in hospital or	Institution?		8 days	/	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM						3. (b) Social Security	Number
				Cas	hell	0.(0) 200	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divor			RTIFICATION	
Male	white	5	Ngle -	- 144			1:10
111416	VIIII	1 31	77972		20. DATE OF DEATH. A. P. T. I.		
6.(b) Name of husband	or wife				21. I CERTIFY that death occurred on the date about		
• • • • • • • • • • • • • • • • • • • •			e) If alive, give age	years	April 3 194		
7. Birth date of deceased (mo., day, )	13,	1 0	10 17		and that I last saw h		
8. AGE: Years		Days	If less than one day		Immediate cause of death		OURATION
		8	hrs.	min.	Dec as 1	A	
01	N.	7 /	7	-	Prematurity -		
9. Birthplace	(Town,	eounty and	Mery Co. 7	//.C.	Due to	***************************************	*************************
	Jakan	/					
11. Industry or busines	J				Due to	***************************************	• • • • • • • • • • • • • • • • • • • •
		. 41.00	Cashell .	Ta			
	4				Other conditions		***************************************
			Maryland		(Include pregnancy within 3 m	onths of death)	
当 14. Malden name.	Margaret	mar	ie Purce	k./	Major findings of operations		
€ 15. Birthplace	Colesville	2, 2	naryland.		Qate of op.		
	spital v				Autopsy results		
	/				PHYSICIAN: Please underline the cause to whi	ich death should he charged	stalistically.
Address	1		av. v	161	22. VIOLENCE: If death was due to external caus	es, fill in the following;	
(Burial, cremation	or removal, Which?	Date there	(month) (day)	(year)	Accident, suicide, or homicide	Date of	
Cemetery of cremate	1111	am	/ #		Where did injury occur?(City or town)	(6	(Ctata)
•7		- 0	_0 2		(City or town) Injured at home, farm, industry, public place (wh		
Location	17/18/	187		****************		Injured at work?	
1B. Funeral director.	Voy le	120	rbe		Means of Injury	Injured at work?	1
Aptiress 2	drown	abli	reed		2,122	31	
1	4	4 4	- Ka L	P	23. SIGNATURE	M. D.	or other
19. Day rec'd by re	2 - 19.4 /	CHU	rugos va	Registrar	Address Sandy Spring	Md Date signed.	4-12-47

APR 26 1947 BUREAU V 8

, WE For

# ING INK. Supply every item of information carefully. Scicians: please write the causes of death clearly and legi

BINDING

RESERVED FOR

MARGIN

## VS A15 9-45-15M PLEASE WRITE PLAINLY, is especially

### MARYLAND STATE DEPARTMENT OF HEALTH

2411-N. Charles St., Baltimore

01157

### CERTIFICATE OF DEATH

Dia No. 216

	Reg. Dist. No.	
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	
3. (a) FULL NAME Carla Wooten Clark	3. (b) Social Security Number	
4. Sex  S. Color or race  6.(a) Single, married, widowed, or divorced  White	MEDICAL CERTIFICATION  20. DATE OF DEATH	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from  19.47 to 19.4.  and that I last saw h. 3. In alive on 19.4.  Immediate cause of death DURATION	
9. Birthplace Cottlessa Montagnam MARyland  10. Usual occupation  11. Industry or business  12. Name Markice Wilbur Maryland.  13. Birthplace Silver Sama Maryland.	Due to	
16. Informant Address 8300 - Bundate Rd. Buttedu nd.  17. (Burial, cremation, or removal. Which?)  Cemetery or crematory. Succession of the succession of th	Major findings of operations.  Date of op.  Actopsy resolts.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: tt death was due to external causes, ttill in the toilowing:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)	
t8. Funeral director AB Solon Supt  Address Betherda MA  19. 4/12 (Date rec'd by registrar)  18 V 7 Mm Elohes  Registrar	Injured at home, tarm, Industry, public place (where?)  Meane of injury Injured at work?  23. SIGNATURE M. D. or other  Address Date signed	

APR 14 1947

2411 N. Charles St., Baltimore (159)

CERTIFICAT	IE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  dunty	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County County County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 8 30.0 m (If rurai, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME James Merin Clark	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  2B. DATE OF DEATH  2B. DATE OF DEATH  19 4 21 15
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from  19. 10. 19. 11. 19. 19. 19. 19. 19. 19. 19. 19
9. Birthplace 1. Morrison Maria on Maria (Town, coupty, and esse)	Due to
11. Industry or business  12. Name Manniel Wilbur Clark  13. Birthpiace Lilly Hymna mandond	Dther conditions
14. Maiden name Aladys Vingmia Choper  15. Birthpiace Arota Wania Co. Vingmia  18. informant Maurin Wania Co.	(Include pregnancy within 8 months of death)  Major findings of operations
Address  17. Carlon Date Ihereot (March 1947)  Cemetery or crematory (March 1947)  Location Date Ihereot (March 1947)  Location Date Ihere	22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
18. Funeral director	Means of Injury Injured at work?  23. SIGNATURE

FOR BINDING MARGIN RESERVED

PLAINLY, V is especially

WRITE

PLEASE

VS A15

APR 14 1947

BURFA

2411 N. Charles St., Baltimore 83-2)

### CERTIFICATE OF DEATH

the correct age 141

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

VS

MARGIN RESERVED FOR BINDING

01159 Reg. Diat. No. 7/4

1. PLACE OF DEATH County Montgomery (If causied city or from Silver Spring (If causied city or from India price RURAL and give nearest town)  1. Brown long in abany late of ideath? (1. Spring in the state of ideath) (1. Spring		
State ALLAY FAILURE COUNTY INTERPRETARY TO PRINT THE WARL and give nearest town)  How hope in about pince of datab.  How	1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
The first induces place of death accounts.  Bigolial institution, or threst address where death occurred:  Bigolial institution, or threst or threst occurred institution.  Burial Institution, or threst occurred institution.  Burial Institut	City or town Silver Spring	
## ## ## ## ## ## ## ## ## ## ## ## ##		City or town. Silver Spring (If outside city or town limits, write RURAL and give nearest town)
Row long in hospital or institution?  3. (a) FULL NAME  JOHN MILTON COLLINS  4. See Solver race  5. Gold Single, married, widewed, or directed  Male White married  6. (a) Single, married, widewed, or directed  MEDICAL CERTIFICATION  20. BATE OF DEATH.  21. ICENTET that death occurred on the date above stated; that I attended deceased from 21. ACENT.  21. ICENTET that death occurred on the date above stated; that I attended deceased from 21. ACENT.  21. ICENTET that death occurred on the date above stated; that I attended deceased from 21. ACENT.  21. ICENTET that death occurred on the date above stated; that I attended deceased from 21. ACENT.  22. ICENT.  33. (b) Social Security Number none  MEDICAL CERTIFICATION  23. ACENT.  24. ACENT.  25. ACENT.  26. ACENT.  27. Both date of death.  27. In the date of occurred on the date above stated; that I attended deceased from 21. ACENT.  28. ACE: Tears  Nonth date of occurred on the date above stated; that I attended deceased from 21. ACENT.  29. Birthplace Neath.  20. Bate OF DEATH.  20. BIRT OF DEATH.  21. ACENT.  22. ACENT.  23. ACENT.  24. ACENT.  24. ACENT.  25. ACENT.  26. ACENT.  27. ACCO.  28. ACE: Tears  ACENT.  28. ACE: Tears  ACENT.  28. ACENT.  29. ACT.  20. ACENT.  20. ACENT.  20. ACT.  20. ACT.  20. ACENT.  20. ACT.  21. ACENT.  21. ACENT.  22. ACENT.  23. ACENT.  24. ACC.  24. ACC.  25. ACC.  26. ACT.  26. ACT.  27. ACC.  28. ACENT.  28. ACENT.  28. ACENT.  28. ACENT.  29. ACT.  20. ACT.  20. ACC.  20. ACC.  20. ACC.  20. ACC.  21. ACC.  21. ACENT.  21. ACENT.  22. ACENT.  23. ACC.  24. ACC.  24. ACC.  25. ACC.  26. ACT.  27. ACC.  28. ACC.  28. ACC.  29. ACT.  20. ACC.  20. ACC.  20. ACC.  20. ACC.  20. ACC.  21. ACC.  21. ACC.  21. ACC.  21. ACC.  21. ACC.  22. ACC.  23. ACC.  24. ACC.  24. ACC.  25. ACC.  26. ACC.  26. ACC.  27. ACC.  27. ACC.  28. ACC.  28. ACC.  29. ACT.  20. ACC.  20. ACC.  20. ACC.  20. ACC.  20. ACC.  20. ACC.  21. ACC.  21. ACC.  21. ACC.  22. ACC.  23. ACC.  24. ACC.  24. ACC.  25. ACC.  26. ACC.  26. ACC.  27. ACC.  27. ACC.	Hospital, Institution, or street address where death occurred:	Sireet No. 816 Philadelphia Ave.
3. (a) FULL NAME  JOHN MILTON COLLINS  4. Set  JOHN MILTON COLLINS  6. (a) Super or race  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  10. DATE of DEATH. 2.3 P.R. I. 1947, at 8.329  21. IEEE TIP (the death occurred one the date above stated; that I attended deceased from 2 I APR. I. 1947, at 8.329  22. IEEE TIP (the death occurred one the date above stated; that I attended deceased from 2 I APR. I. 1947, at 8.329  23. APR. I. 1947, at 8.329  24. APR. I. 1947, at 8.329  25. Birth date of mental to the date above stated; that I attended deceased from 2 I APR. I. I. 1947, at 8.329  26. ALE: Tear Menths  Days (fiest than one day 1. I.		
JOHN MILTON COLLINS  6. Sax Score or race Scopsingle, married, widowed, or divorced male white married  8. Collings, married score of the data above stated; that lattended deceased from 2.1 APR. LA. 18.47. to 2.3 APR. LA. 18.47.		
## S. Seit S. Color or race   Menine   Married   Ma		
male white married  5.(6) Name of hasband or wife. Nellie Amelia Thorman  5.(6) Hame of hasband or wife. Nellie Amelia Thorman  5.(6) Halle greater gr	4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	
8.(6) Hame of hurband or wile. Nollie Amelia Thorman  S.(c) If alive, give age.  S.(c) If alive, give age.  S.(c) If alive, give age.  S. AGE:  S.	mole white mounted	
5.(c) If alive, give age year deceased (mo. day, yr.) Dec. 6th. 1875  8. AGE: Years Months Days If less than one day 17 hrs. min.  9. Birthplace Washington Kansas (Town, county, and atate)  10. Usual occupation. Trademark Lawyer, 11. industry to wainess U.S. Patent Office  12. Name Isaac Collins  13. Birthplace New York  14. Maiden name Laura Ann Reynolds  15. Birthplace New York  16. Informant. Mrs. Nellie A. Collins  16. Informant. Mrs. Nellie A. Collins  17. Burial  18. Fueral director Washington National  18. Fueral director Washington National  18. Fueral director Washington National  19. Address Silver Spring, Md.  19. Washington National  19. George of the state of		
The birth date of deceased (mo., day, yr.)   Dec. 6th. 1875		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
decessed (mo., day, vi) Dec. oth. 1875  8. AGE: Years Monihs Days If less than one day  71  4. 17  hrs. min.  9. Birthplace. We Shington, Kensas (Town, county, and state)  10. Usual occupation. Trademark Lawyer,  11. Industry or business U.S. Patent Office  12. Name Isaac Collins  13. Birthplace New York  14. Maiden name Laura Ann Reynolds  15. Birthplace New York  16. Informant. Mrs. Nellie A. Collins  Address 816 Phila. Ave. Silver Spring.  17. Burial (Burial, cremation, or removal, which?) Date thereof. 4-26-1947  Cometery or crematory. We Shington National Location. Suitland, Pr. Geo's Co. Md.  18. Funeral director. We Silver Spring, Md.  19. Gode seed by register.)  19. Gode seed by register.)  19. We Silver Spring, Md.  10. Gode seed by register.)  10. Usual occupation. Trademark Lawyer.  11. Maiden name Laura Ann Reynolds  12. Name Isaac Collins  Oute of CRREBRAL HE TORRHAGE  Oute of Op.  Antiopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. Vollence: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Oute of City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury injured at work?  23. SIGNATURE Marchall Cauraling	S.(c) If alive, give ageyears	and that I last saw h. J. m., alive on 23 APRIL 1947
8. AGE: Years Months  71 4 17  8. Birthplace. Washington. Kansas 10. Usual occupation. Trademark Lawyer, 11. Industry or business 12. Name. Isaac Collins 21. Spirthplace New York  14. Maiden name. Laura Ann Reynolds 21. Spirthplace New York  15. Birthplace New York  16. Informant. MTS. Nellie A.s. Collins Address 816 Phila. Ave. Silver Spring.  17. Burial (Burial, cremation, or removal, Which?)  18. Funeral director Washington National  19. Audiess Silver Spring, Md.  19. George of by registery.  19. Washington Spring, Md.  19. Washington Spring Spr	deceased (mo., day, yr.) Dec. btn. 1875	
9. Birthplace Washington, Kansas (Town, county, and state) 10. Usual occupation Trademark Lawyer, 11. Industry or business U.S. Patent Office    12. Name Isaac Collins   12. Name Isaac New York   14. Maiden name Laura Ann Reynolds   15. Birthplace New York   16. Informant Mrs. Nellie A. Collins   Address 816 Phila. Ave. Silver Spring   17. Burial (Burial, cremation, or removal, Which)   Date thereof. 4-26-1947 (month) (day) (year)   18. Funeral director.   1	8. AGE: Years Months Days If less than one day	
10. Usual occupation. Trademark Lawyer,  11. Industry or business U.S. Patent Office  12. Name Isaac Collins  13. Birthplace New York  14. Maiden name Laura Ann Reynolds  15. Informant Mrs. Nellie A. Collins  16. Informant Mrs. Nellie A. Collins  17. Burial Date thereof 4-26-1947  Cemetery or crematory. Washington National  Location Suitland, Pr. Geo's Co. Md.  18. Funeral director Mrs. Silver Spring, Nd.  19. Green Spring, Nd.  20. Erre. Br. G. Arterioscher Rosir  AND CRREBRAL HE MORRHAGE  Other conditions  Other conditions  Other conditions  Other conditions  Other conditions  Other conditions  Major findings of operations. Now E  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or hombide. Oate of Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Manns of injury injured at work?  23. SIGNATURE A Mashall Countless A Ave E Date signed 3 Apre, 47	71 4 17min.	
10. Usual occupation. Trademark Lawyer.  11. Industry or business U.S. Patent Office    12. Name	9. Birthplace Washington Kansas	
11. Industry or business U.S. Patent Office    12. Name		CENTERS ARTERIOSCHEROSIS
12. Name Isaac Collins  14. Maiden name Laura Ann Reynolds  15. Birthplace New York  16. Informant Mrs. Nellie A. Collins  Address 816 Phila. Ave. Silver Spring.  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory. Washington National  Location Suitland, Pr. Geo's Co. Md.  Address Silver Spring, Nd.  18. Funeral director Many (State)  19. Address Silver Spring, Nd.  19. Cape Per'd by registrar)  19. Cape Per'd by registrar		AND CEREBRAL HEMORRHAGE
14. Maiden name   Laura Ann Reynolds   15. Birthplace   New York   16. Informant   Mrs. Nellie A. Collins   Address 816 Phila. Ave. Silver Spring   17. Burial   Burial (Burial, cremation, or removal, Which?)   Date thereof. 4-26-1947   (Burial, cremation, or removal, Which?)   Cemetery or crematory. Washington National   Location   Suitland, Pr. Geo's Co. Md.   Mere did injury occur?   (City or town) (County) (State)   18. Funeral director   Major findings of operations.   None		
14. Maiden name   Laura Ann Reynolds   15. Birthplace   New York   16. Informant   Mrs. Nellie A. Collins   Address 816 Phila. Ave. Silver Spring   17. Burial   Burial (Burial, cremation, or removal, Which?)   Date thereof. 4-26-1947   (Burial, cremation, or removal, Which?)   Cemetery or crematory. Washington National   Location   Suitland, Pr. Geo's Co. Md.   Mere did injury occur?   (City or town) (County) (State)   18. Funeral director   Major findings of operations.   None	13. Birthplace New York	
Address 816 Phila. Ave. Silver Spring  17. Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory. Washington National Location Suitland, Pr. Geo's Co. Mid.  18. Funeral director  Address Silver Spring, Nd.  Address Silver Spring, Nd.  19. Ch. Y (Date rec'd by registrar)  19. Ch. Y (Date rec'd by registrar)  Address Silver Spring, Nd.  19. Ch. Y (Date rec'd by registrar)  Address Silver Spring, Nd.  19. Ch. Y (Date rec'd by registrar)  Address Silver Spring, Nd.	E Teura Ann Pernolds	
Address 816 Phila. Ave. Silver Spring  17. Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory. Washington National Location Suitland, Pr. Geo's Co. Mid.  18. Funeral director  Address Silver Spring, Nd.  Address Silver Spring, Nd.  19. Ch. Y (Date rec'd by registrar)  19. Ch. Y (Date rec'd by registrar)  Address Silver Spring, Nd.  19. Ch. Y (Date rec'd by registrar)  Address Silver Spring, Nd.  19. Ch. Y (Date rec'd by registrar)  Address Silver Spring, Nd.	14. maiden name	
Address 816 Phila. Ave. Silver Spring  17. Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory. Washington National Location Suitland, Pr. Geo's Co. Mid.  18. Funeral director  Address Silver Spring, Nd.  Address Silver Spring, Nd.  19. Ch. Y (Date rec'd by registrar)  19. Ch. Y (Date rec'd by registrar)  Address Silver Spring, Nd.  19. Ch. Y (Date rec'd by registrar)  Address Silver Spring, Nd.  19. Ch. Y (Date rec'd by registrar)  Address Silver Spring, Nd.	El 15. Birthplace New York	
Address 816 Phila. Ave. Silver Spring  17. Burial  18. Funeral director:  Address Silver Spring, Nd.  19. Charter Spring, Nd.  20. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Meens of Injury Injured at work?  23. SIGNATURE Marshall Caurille No.  Mr. Por other  Address R 6 4 8 C FOR G 1 A AVE.  Date signed 3 APR 47		Autopsy results
tocation Suitland, Pr. Geo's Co. Md.  Accident, suicide, or homicide		
Cemetery or crematory. Washington National  Location Suitland, Pr. Geo's Co. Md.  18. Funeral director:  Address Silver Spring, Md.  19. Ch. Y (Date rec'd by registrar)  19. Ch. Y (Date rec'd by registrar)  Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?  23. SIGNATURE:  Address 8648 GEORGIA AVE. Date signed 33 APR, 47	Burial Date thereof 4-26-1947 (month) (day) (year)	
18. Funeral director: War & Grand Means of Injury  18. Funeral director: War & Grand Means of Injury  19. Cape Spring, Nd.  23. SIGNATURE! Marshall Countlier of Marshall Countl		Where did injury occur?
18. Funeral director War & Graphian & Means of Injury Injured at work?  Address Silver Spring, Md.  19. Capa Y Y (Date rec'd by registrar)  19. Capa Y (Date rec'd by registrar)	Location Suitland Pr. Geo's Co. Md.	Injured at home, farm, industry, public place (where?)
Address Silver Spring, Nd.  19. Cep. 24 Josephine Schoeffe (Date rec'd by registrar)  19. Cep. 24 Address 8648 GEORGIA AVE. Date signed 23. APR. 47	18 Funeral director Warne & Campahrey -	Means of Injury Injured at work?
19. Cape. 2 4 18 47 Josephinen Schoeffe Registrar Address 8648 GEORGIA AVE. Date signed 23 APR. 47		Amarabell formillion of Man.
(Date rec'd by registrar)		
	(Date rec'd by registrar) Registrar	Address 6 70 CEORES A Date signed 2 77 CEORES OF THE STATE OF THE STAT

APR 28 1947

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

A15

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) ( (For newborn de fants give relidence et	DF DECEASED:	
Сошиту	Ca. 2011.	work shortgomen	
(If outside city or sown limits, write RURAL and give nearest town)	12		*******
How long in above place of death?		ts, write RURAL and give nearest towe)	
Hospitat, Institution, or street address where death occurred:	Street No.		
1	(If rural, giv	e LOCATION)	
Now long in hospital or institution?	2.(a) If voteran, name war		
3.(a) FULL NAME		3. (b) Social Security Number	
Walter Contre		grane	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male crand Widowed	20. DATE OF DEATH Chil	10 19 k) at 8 'k)	14
	21 T CERTIEV that death provided on the date of		
6,(b) Nama of husband or wife	" 0 0 0 0 0		•••••
7. Birth date of South Account 1971	and that I last yaw halive oe		
deceased (mo., day, yr.)	Immediate cause of death	DURAT	TION
8. AGE: Years Months Days If less than one day			
66   2   2  hrsmin	Coronery occ	Lucian /2 Z	1
9. Birtholace morn and.	Due to.		
(Town, county, and state)			
10. Usual occupation.	Due to		
11. Industry or business			
12 Name Berge Contge	Other conditions		
3 13. Birthplace more land	(Include pregnancy within		
# 14. Maiden name Caroline adams			
12	Major fiadings of operations		********
15. Birthplace Plus 19 1 70 1			********
16. Informant William alland	PHYSICIAN: Please noderline the cause to	which death shootd be charged statistically.	
Address Leusinger , mal	22. VIOLENCE: If death was due to external c		
Date thereof. (meeth) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?)			
Cemetery or crematory.	Where did injury occur?		
Location mortilett, mix.	Injured at home, farm, Industry, public place		
18. Funeral director Robert L Supurde	Means of Injury	tnjured at work?	
1 .P D = 00	1 . N.	Bushert M.D.	
Address to certile, my young	23. SIGNATURE TO	M. D. or other	*******
19 april 2 1947 pethine m. Chalfle	en Desmile	near	4- 50
(Date rec'd by registrar) Registrar	At I Address	Date signed 4-10	

APR 16 1947

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MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 93-7

Reg. Dist. No..

### CERTIFICATE OF DEATH

USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION death occurred on the date above stated; that I attended deceased from DURATION (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the caose to which death shoold be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide..... Where did injury occur? .....(City or town) Injured at home, farm, Industry, public place (where?) ..... Injured at work? Means of Injury M. D. or other

County  City or town I (If outside city or town limits, write RURA How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME  Mrs. Qulla	AL and give nearest town)
City or town (If outside city or town limits, write RURA How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	
City or town.  (If outside city or town limits, write RURA How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	
How long In above place of death?	
How long In above place of death? Hospital, Institution, or street address where death occurred:  How long In hospital or Institution?	100
Hospital, Institution, or street address where death occurred:  How long In hospital or Institution?	
3. (a) FULL NAME TAGE. () 10	1.0
11/12 Bestell	Warby.
4. Sex 5. Color or race 6.(a) Single, ma	arried, widowed, or divorced
7 1 21/ 21/2	/ /
remal Win	Converd
6.(b) Name of husband or wife Martin Do	arby -
6.(c) If a substitute of	alive, give ageyears
deceased (mo., day, yr.) Dec 3/ /88	18
	It less than one day
11/ 2 9	
38 2 1	hrsmln.
and months and Com	rad
9. Birthplace (Town, county, and state	eV
10. Usual occupation American 2016	
10. Osual occupation	
11. Industry or business	
12. Name Day O	frankt to
EX to Blabalas 201 and 1	
al 13. Birthplace / ary long	11/1
# 14. Maiden name Charles Million	mand of
14. Malden name Englishing M. 15. Birthplace May Logar	
=1 13. Birthglace	
16. Informant May Mellinga deformant	***************************************
Address Woodfield mon	/
Address	0111 1605
17. Sauce Date thereot.	Transfel 1 1 TE
(Burial, cremation, or remova). Which?)	(month) (day) (year)
Cemetery or eremetry	A. A.
200 /200	- 1 2
Location	
18. Funeral director	ron
141-11.	
Address allowstill	200
C/21/11 47 1001	10 a W/12 21
(Data/rec'd by registrar)	Registrar



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42-0) X





Reg. Diat. No.

DURATION

### CERTIFICATE OF DEATH

10		
1	1. PLACE OF DEATH: County Coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	City octown There to Tol D. C. Takoma Yark	State Maryland County Mindymers
	(If outside city or fown limits, write RURAL and give hearest town)  How long in above place of death?	(If outside pity of town limits, write RURAL and give nearest town)
	Hospital, Institution, or street address whose death occurred:	Street No. 42 Destas
	Tashengton Sandarum + Haspita	(If rural, give LOCATION)
-	How long in hospital or institution? 20 Aug.	2.(a) If votoran, namo war
	3. (a) FULL NAME	3. (b) Social Security Number
1	Mrs Maude E. Daynude	
	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	Fe White harried	20. DATE DE DEATH Capril 3 6 47 19 19 19 19
	8.(4) Name of husband or wife Exprest Luther Daynude	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
		July 10 96 19 10 10 10 10 15
	7. Birth date of doceased (mo., day, yr.) 4/4/0:1900	and that I last saw h.C. 2 allvo on Density 15
=	8. AGE: Years   Months   Days   It less than ono day	Immediate cause of death
	46 9 20nrs. min.	Strandary 16
-	Baltimore md	Due to many fladder
	9. Birthplace (Town/county, and state)	Due to the water of the color of the color
	1D. Usual occupation. Aug.	Due to
	11. Industry or business	
	12. Name Oliver F Miller 13. Birthplace Ballimine Me.	Dther conditions
	13. Birthplace Ballimine Md.	(Incinde pregnancy within 3 months of death)
	# 14. Maiden name Buclah Miller	Carrie PCons late
	15. Birthplace Batti morra Md	Major findings of operations.  Date of op.
	18. Interment Pl's chart	Antopay results. Nav
	Address Maschinston Sandaruin	PHYSICIAN: Please underline the cause to which death should be charged statistically
-	B. It & mo 4 20 47	22. VIOLENCE: It death was due to external causes, till in the tollowing;
	(Burk) Perenation, or removal. Which?)  Date thoreof (month) (day) (year)	Accident, suicide, or homicide
	cemetery or crematory	Whore did injury occur? (City or town) (County) (State)
	Location Balling on John	Injured at home, farm, industry, public place (whore?)
	18. Funeral director Asim P. Pringhay-	Means of injury Injured at work?
	Address Bland C Smid	C 7 000
-	Out 122 Horizon A Still	23. SIGNATURE M. D. or other,
	19 (Date rec'd by registrar)	Address Kensington 18 Dato signed april

MAY 3 1947
BUREAU VE

Then Endl

FOR BINDING

MARGIN RESERVED

PLEASE WRITE PLAINLY, W

### CERTIFICATE OF DEATH

	2411 N. Char	lea St., Baltimore	01163
	CERTIFICA	TE OF DEATH Reg. Dia	216
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	numal.) mits, while RURAL and give nearest town)	City or town	and give nearest town)
3. (a) FULL NAME			Security Number
DE STETGHER 1 4. Sex 5. Color or race male W#US	ouis Rodlph, Admiral US 6.(a)Single, married, widowed, or divorced Married	NcRetired Inactive MEDICAL CERTIFICAT  20. DATE OF DEATH	7
6.(b) Name of husband or wifeKather  7. Birth date of deceased (mo., day, yr.)  3-18-67	vine De Steiguer	21. I CERTIFY that death occurred on the date above stated; that la 15 April 19. 17 to 19 and that I last saw h im alive on 19 April	ttended deceased from 9 April 19 47 1 19 47
8. AGE: Years Months 80 2	Days If less than one day	Immediate cause of death	
9. Birthplace(Town	Ohio, eounty, and state)		
1D. Usual occupation	red Navy Personnel	Oue to Infarction pulmonary	8 days
12. Name John I	Obio dec.		
	Carpenter Ohio dec.	(Include pregnancy within 3 months of death)  Major findings of operations	
16. InformantWife: Kathar	rine De Steiguer	Autopsy results. Confirmed above PHYSICIAN: Please underline the cause to which death should	
Address 1302 18t	Date thereof (month) (day) (year)	Accident, suicide, or homicide	ate of
	ngton National	Where did Injury occur?	
18. Funeral directorJosephGaw	der's & Sons, Inc. REJ	Msane of Injury Injured a	work?
Address 1756 Penn. Ave. 19. 19. April 19.17	Mary Charlotte Smith	23. SIGNATURE H. V. PACKARD, Capt	M. D. or other Date signed 4-19-47

APR 25 1947

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-0

U1109

### CERTIFICATE OF DEATH

Par Dist No 2/3

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Aort Coment	(For newborn infants give residence of mother)		
City or town Cockville Hd Coule # 3	State Manyland, County Konlgomery		
(If outside city or town limits, write RURAL and give nearest town)	City or town Bockelle Roule # 21		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No		
	(If rural, give LOCATION)		
Now long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex   5. Color or rade   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male Coloned Single	20. DATE OF DEATH CASH 3 1947, 21 10 F		
0	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	June 1946, 10 april 3 1941		
7. Birth date of	years and the last saw hat say alive on attended 1847.		
deceased (mo., day, yr.) July 16, 1894	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day			
52 8 13hrs.			
2000			
9. Birthplace (Town, county, and atate)	Due to.		
Valence			
10. Usual occupation	Due to		
11. Industry or business			
12. Name Daniel Houl	Other conditions Tropic		
13. Birthplace morphand			
E Descritta maran	(Include pregnancy within 8 months of death)		
14. Maiden name Henerietta Pracon  15. Birthplace Walden	Major fiadings of operations.		
≥ 15. Birthplace	Date of op		
18. Informant Jeneriella Cooper	Antopsy results Zeone		
Address Kor kville, md. R.J.D. # 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Addicas	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
# 10 Car			
Cemetery or crematory	Where did injury occur? (City or towh) (County) (State)		
Location Column Tohns	Injured at home, farm, industry, public place (where?)		
Polest & Sandon	Means of Injury Injured at work?		
18. Funeral director	The of the		
Address Ly 6-N-North, St. Krekerlyeik	23. SIGNATURE THE Fulkicum Mad-		
47 Ky Rott Grand	M. D. or other		
(Date rec'd by registrar)	strar Address Korkwill Mg Date signer 4/42.		

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APR 8 1947

BCREAT &

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Ab

01165

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Man + an exy	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Clivarian Olney	state mary/and county mantgamery		
City or town. (If outside city or fown limits, write RURAL and give nearest town)	City or town / Roe KVille maryland		
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)		
montgomery Co. Lew. Hospital	Street No.		
How long in hospital or institution? 14 Qays	(If rural, give LOCATION)  2.(a) If veteran, name war		
3. (a) FULL NAME			
S. (a) FOLL NAME	3. (b) Social Security Number		
John Edward Doye			
5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male Cal. Single	20. DATE OF DEATH Upril 13 1947 at 10 670 M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from		
	19 Bred 19 10 19		
7. Birth date of	and that Uast saw halive on		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION		
20	Humanhage due to suptins		
	of Manual annings		
9. Birthplace	due to 1 th consult and 14 days.		
10. Usual occupation Laborer			
	Due to gran Ahar		
11. Industry or business			
12. Name Rules Bring Wd	Diher conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name Mabel Waye.	Major findings of operations		
E 15. Birthplace horbeen rud	Dale of op.		
16. Informant Makel Noise (mather	Autopsy results. James as ators		
Address nasher & marisland-	PHYSICIAN: Please underline the cause tu which death should be charged statistically.		
12 1 ak. 11. 1947	7 22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burfal, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide		
Cemetery or crematory. Church Cemetery	Where did injury occur? (City or town) (County) (State)		
Location Marshaula Maryland	Injured at home, farm, Industry, public place (where?)		
D & S (1)	Misens of injury Short and Injured at work? he		
18. Funeral director	a (10 Brosta & m. O)		
Address Rack rulle, Maryland	David Jan Constitute		
1. 4-16- 111 De turk fairle	23. SIGNATURE M. D. or other		
19	Address Jan Alex Lang pool Date signed 4 - 13:49		

FOR BINDING MARGIN RESERVED

ADING INK. Supply every item of Physicians: please write the causes

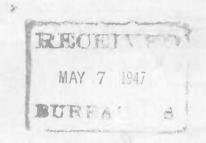
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

01166

### CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Manghand County Monty
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 42 Pycana Cast
42 Syeams are	(If rural, give LOCATION)
How long In hospital or instilution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
0 0 7 69 0	
Crust stress Chnert	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
had been in	01.11 27
male white marnes	20. DATE OF DEATH. C. A. 19 4 7 21 1. 3a A
6.(b) Name of husband or wite Sanka Ekment	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from
	Def med 19 10
6.(c) It alive, give age	and that I fast aaw halive on
7. Birth date of deceased (mo., day, yr.)	
	Immediais cause of death
o. AGE:	
88 4 23min.	Comony occlusion and a
y.	Due to.
9. Birthplace(Town, county, and state)	
10. Usual occupation Returned Mary June Mustiment	Due to
11, Industry or business	
E 12. Name Information	
王 12. Name	Dther conditions
13. Birthpiace	(Include pregnancy within 3 months of death)
# 14. Maiden name	
14. Maiden name	Major findiogs of operations
E 15. Birthplace	Date of op.
D. 1 60 M	Actopsy results
1 . 0 . 0	PHYSiCIAN: Please underline the cause to which death should be charged statistically.
Address 42 Sucanne aut. Jekans 8% md	
	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremstion, or removal, Which?)  (Burial, cremstion, or removal, Which?)  (ponth) (day) (year)	Accident, auicide, or homicide
W 0 0 0	Where did Injury occur?
Cemetery or crematory and the Trematory	
Location	Injured at home, farm, Industry, public place (where?)
1 20/202	Meana ot Injury Injured at work?
18. Funeral director	7- 10 Broschart M. J.
201- 40 at to 20 80	Trank J. Broschart M. C.
Address 300 4 sheet all on	23. SIGNATURE M. D. or other
( 6hr 27 42 - 11/1/m NOTIL	
19. (Date rec'd by registrar)  Registrar	Address during Rend Date signed 4 - 27 - 47.



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BEADVI AND	CTLATE	DEDADTMENT	OF	HEALTI
MARILAND	SIAIL	DEPARTMENT	UL	DEALIE

2411 N. Charles St., Baltimore 1000

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2.1	- 0	- 8	11
0	E	- 1	
	-		-

### CERTIFICATE OF DEATH

216

	CERTIFICA	IL OI DENIII	Reg. Dist. No.	
1. PLACE OF DEATH:  County		WIN I		
3. (a) FULL NAME	OE, Herbert Towner	2.(a) If veteran, name war	3. (b) Social Security Number	
4. Sex 5. Color or rac	e   6.(a)Single, married, wildowed, or divorced single		ERTIFICATION  19. 47. at 9:55P.	
7. Birth date of		21. I CERTIFY that death occurred on the date abo  31. Dec. 19.  and that I last saw h imiliary . 1	ve stated; that tattended deceased from 46	
8. AGE: Years Months 53 O	Days If less than one day	Immediais cause of death	DURATION	
In. namet accubations	rown, county, and atate) rations Engineer ral Works Agency	Duo to. Encesion che	G. Suppositive	
	Wilson	Other conditions		
bro. Mr G	eorge Enloe n St., Kansas City, Missou	Confessiona o	Sing alsees Septies sich deat Should be charged statistically.	
17	1 0 10	22. VtOLENCE: If death was due to external cau  Accident, suicide, or homicide	ses, fill in the following:  Dato of	
18. Funeral director, W	HAMBERS.	Means of Injury	D. Lt. (MC) USN M. D. or other	

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APR 8 1947

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

01168

			1	11	
og.	Diat.	No.	 .A	1.5	2

	Rog. Ditt. No
LPLACE OF DEATH WOULD OULL'S	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town & Prook reprosent.	State Mary County Munique of
(If outside city or town limits, write RURAL and give hear of town)  How long in above place of death?	City or town 400 - 200 Saule Brookluster (if outside city or town limits, pyte RURAE and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 6427-Brooks Bure Brookens
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Christula mal Obans	Had more
4. Set 5. Golor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tende White married	20. DATE OF DEATH. April 16 th 19.47, 218 7P. M
8.(6) Hame of husband sends slysses & Covans	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(c) If allve, give age 59 years	10 10 10 10 10 10 10 10 10 10 10 10 10 1
7. Birth date of deceased (mo., day, yr.) May 27-1895	and that I last saw her alive on 134
8. AGE: Years   Months   Bays   If tess than one day	Immediate cause of death DURATION 2 Years
51 10 19	- ienellieucet
9. Birthplace (Town, county, and state)	Due to Sialetter Mellitter . 5 years
10. Usual occupation docuseuse	
11. Industry or business Her have	Due to
12 Name John Curtis Le Tellier	Other conditions cleronic interstituel improvers
\$ 13. Birthorace Verginia.	replicitis,
B On Marida Francis & frenches	(Include pregnancy within 3 months of death)
14. Malden name. Verginia	Major findings of operations.
15. 84-thplace Verguitte	Date of op.
16. Informant Mulphous S. Vonacce	Autopsy results
Address 6427 Brooks dance Drooking	22. VIOLENCE: if death was due to external causes, fill in the following:
Burial (Burlal, cremation, or removal, Which?)  Date thereof April 19, 1949 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Potomac Church Cemetery	Where did lajury occur?
Location Potomac, Maryland	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injury at work?
18. Funeral director. M. T	11/20/22 82/11/1
Address Bethesda 14, Maryland	23. SIGNATURE/ Valle VIII
19. (Date rec'd by recistrar)  19. (Date rec'd by recistrar)	Address Betherda14 md, Date signed Br. 16-194

RECHINGID APR 25 1947

BUREATTR

shown on:

How long in above place of death?.....

4 Elwyn Court

How long in hospital or institution?.....

Takoma Park

Hospital, Institution, or street address where death occurred:

white

12. Name Joseph Auch

17 cremation
(Burial, cremation, or removal, Which?)

Penn.

Indiana. 16 Informani Mr. Charles P. Faling

Cemetery or crematory Fort Lincoln

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:

3. (a) FULL NAME

female

deceased (mo., day, yr.)

54

10. Usual occupation. 11. Industry or business

13. Birfhplace

15. Birthplace

14. Maiden name......

7. Rirth date of

8. AGE:

6.(b) Name of husband or 6.

6.(a) Single, married, widowed, or divorced

If less than one day

married

Charles P.

Mar. 8th. 1893

Stella, Mich. Nebraska (Town, county, and state)

Housewife .

12

Rebecca Sommers

Address 4 Elwyn Ct. Takoma Pk. Md.

location Prince Georges Co. Md.

(If outside city or town limits, write RURAL and give nearest town)

Montgomery

### CERTIFICATE OF DEATH

1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1	state Maryland county Montgomery
	City or town
	Street No. 4 Elwyn Court (Ifrural, give LOCATION)

3. (b) Social Security Number

no

MEDICAL CERTIFICATION 20 19 4 7 at 7:10 P. M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (Include pregnancy within 3 months of death)

Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically.

Date thereof 4-23-1947.

Accident, suicide, or homicide..... Whers did Injury occur? ... (City or town)

(County)

Injured at work?

Injured at home, farm, Industry, public place (where?) ..... Maans of Injury

22 VIOLENCE: if death was due to external causes, fill in the following:

Bul Date signed 4-20-4

clearly information of death cle item of i ADING INK. Supply every in Physicians: please write the WITH UNF especially PLAINLY, is especially WRITE

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

### CERTIFICATE OF DEATH

Reg. Dist. No. .,

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
county L/ontgamery	
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County Montgomery
How long in above place of death?	City or town ACLU TONSULLE.  (If odtside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street addross where death occurred:	
The Mantgomery County General Hospital Su	Street No
How long in hospital or Institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Mary G. Fulks	
Mrs. Mary G'. Fulks 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White	20. DATE OF DEATH. April 13 19 9 31 5:05 P.
6. (b) Name of husband or wife Dernon Fulks - decrased.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	March 28 1947 10 April 13 1947
T. Birth dale of years	and that I last saw h.e. alive on April 13 18 47
deceased (mo., day, yr.) June 22, 1881	Immediate cause of death
8. AGE: Years Months Days If less than one day	America (1995 V) Color of the C
65 9 21min.	Diabetes Mellitus 6 yea
8. Birthplace Vienna Maryland (Town, county, and atate)	Due to
1/	Acute gangrenous appendicitis 16 days
10. Usual occupation Heusewixe	Due to
11, Industry or business	
= 12 Name 25aac D. Oliphant	Dither conditions
2/13. Birthplace Laurel. Delaware	
# M- F	(Include pregnancy within 3 months of death)
14. Maiden name Mary Fooks  15. Birthplace weel, Delaware	Major findings of operations Acute gargrenous appendicati
E 15. Birthplace were! Delaware	Date of op. 7 1.1.2,199
16. Informant Mospital records	Antoney results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address - 1 1 - 1 1 - 1 9 (1)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burlal, cremation, or removal. Which?)  (Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
	Where did injury occur? (City or town) (County) (State)
Location must only Co unt	Injured at home, tarm, Industry, public place (where?)
18. Funeral directo Coop W. Barba	Maans of Injury Injured at work?
Address of formalle mg	1 ( - W B 1)
1.0	23. SIGNATURE
19. 4-14- 19.47 Elitude B. Lawley	Address Sandy Spring 1 md Date signed 4/14/42
(Date rec d by registrar) (Registrar	11 Address A. J. M. L. W. M. W. W. L. L. T. J. L. C. W. Date Signed . L. J. L. J.

APR 26 1947

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore (930) CERTIFICATE OF DEATH

13	1	4	17	4
13		1	6	1
	-34-	. A.	-	-

Reg. Dist. No. VI4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
(If outside city or town limits, write RUHAL and give nearest town)	State	
How long in above place of death?	City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give pearest town)	
312 HIGHVIEW HVE	Street No. 3900-14TH. ST. N.W.	
	(lf rural, give LOCATION)	
How long to hospital or Institution?	2.(a) It veteran, name war	
3. (a) FULL NAME MARY Y. GAS	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
FEMALE WHITE WIDOW	20. DATE DE DEATH. af 10:45 M	
B.(b) Name of husband or wife CHARLES +1. GASKINS	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from	
	March 14 1947 10 april 15 1847	
7. 6irth date of	0.0 .0 -	
deceased (mo., day, yr.) Wec. 9, 1856	and that I last saw h. Asa. alive on	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION	
90hrsmin.	oeelinen 13 lin.	
9. 8 rthptace VASHINGTON D. C. (Town, county, and state)	Due to arlano relevate least 10 yr	
HALLEEVILLET	disease	
10. Usual occupation	Due to	
11. Industry or business		
12. Name JOHN MULLIN  13. Sirthplace   RELAND	Diher conditions	
Z 13. 6irthplace   RELAND		
E 14 Maiden name CATHERINE NEUGENT	(Include pregnancy within 3 months of death)	
E 14. Malden name CBTHERINE DECOR	Major findings of operations	
14. Maiden name CATHERINE NEUGENT  15. 8irthplace   RELAND	Bate of op.	
16 Informant CHARLES H. GASKINS	Autopsy results.	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 312 HIGHVIEW HVE. SILVER SPRING, MD.	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?)  Bate thereof. HPR: 18 1947 (month) (day) (year)		
	Accident, suicide, or homicide	
Cemetery or crematory DTI MARY'S CEMETERY	Where did injury occur?	
Location WASHINGTON, D.C.	Injured at home, farm, industry, public place (where?)	
Transi Revel	Means of injury Injured 21 work?	
16. Funeral director	1/ 4/ 1/1. V	
Address 3821-14 h, Vy. W. Word, L.C.	as consumer of fromblen hunging k.O.	
18. apr. 16 1047 Josephus ufchages	23. SIGNATURE (M. D. 6 other / M. D. 6 other / M. D. 6 other / M. D. 6 other	

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APR 17 1947

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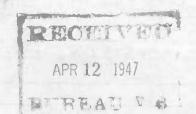
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C	1	.1.	6	4	

### CERTIFICATE OF DEATH

96	_ 2411 N. Charle	e St., Baltimore
ect s	CERTIFICAT	E OF DEATH Rog. Dist. No. 316
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH:  Couply  City or fown  (If outside city or town limits, write RURAL and give nearest-stown)  How long in above place of death?  Hospital, institution, or street address where death occurred:  WAVERIES	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Ror newborn infants give positione of mother)  State
tion h cl	How tong to hospital or institution?	2.(a) If veteran, name war.
forma	MRS, FREDERICA O	iLES  3.(b) Social Security Number
in sof	5. Color or race 6.(a) Single, married, (vidowed) or divorced	MEDICAL CERTIFICATION
tem of	temple White WIDOWED	20. DATE OF DEATH. Ofsel # 1947, 215 - A
ojes (I)	8,(b) Name of husband or wife ROBERT GILES	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from  March 19 19 4 7
every ite th	7. Birth date of 2 2 1 2 1	and that I last saw ber alive on Cefoul \$ 19.47
ADING INK. Supply eve Physicians: please write	8. AGE: Years Months Days tf less than one day	Immediate cause of death temorrage 11 days
K. Su pleas	9. Birthplace WASHINGTON DE	Due to Generalized actions of Tyles
G IN	(Town, county, and state)	Due to
Iysi	11, todustry or business	
E	12. Name ADM. JOHN LOOGERS  13. Sirthplace HARVE DE GRACE MD	Dither conditions
Tan	M Aug Hanne	(Include pregnancy within 2 months of death)
WITH UNF important.	14. Maiden name THILADELPHIA PA.	Major findings of operations
Z, W Iy in	16. Informant Record OF BROTHER	Autopsy results. Date of op.
NL	Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, is especially	DURIAL Date therent APRIL 8/947	22. VIOLENCE: If death was due to external causes, fill in the following:
PL is e	(Burial, cremation, or removal. Whichi) (month) (day) (year)	Accident, suicide, or homicide.  Where did injury occur?
回	Cemetery or crematory	Where did injury occur?
WRIT	Location	Means of injury Injured at work?
SE	18. Funerat director	11 0412
CEA	Address 1/66 Tenna Cine. 1) Fr.	23. SIGNATURE Waltu My D. or otyler
A	19. (Date rec'd by registrar)	Address 1834 Eyo Sonw Bate signed # 4/47

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A15 VS



2411 N. Charles St., Baltimore

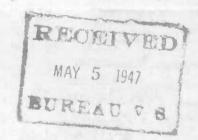
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12.			CERTIFICA	TE OF DEATH Reg. Diat. No	TO
1. PLACE OF DEA Monte	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	1371
Rethesda (miral)				State D. C. County	
City or town(1f ou			RURAL and give nearest town)	City or town Washington (If outside city or town limits, write RURAL and give near	
Magnital institution, of a	Treet 200ress mnere	death occurre	d:	Street No. 1423 Corcoran Street, Northwes	
IISNH. Bethe	sda. mar	rland		(If rural, give LOCATION)	
How long in hospital or	Institution? 88	days	***************************************	2.(a) If veteran, name war World War I	
3. (a) FULL NAME				3. (b) Social Security N	lumber
	ASGOW, J	ohn Tho	omas		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	Negro	l.	farried	20. DATE OF DEATH 26 April 1947	1.05 A
	-				
6.(b) Name of husband o	r wifeMrs.a	Mary V.	Glasgow	21. I CERTIFY that death occurred on the date above stated: that I attended deceated a second	1947
7. Right date of			(c) If alive, give ageyea	and that I last saw h im alive on 26 April	19.47
deceased (mo., day, yr	.) 2 Nov	ember 1	2009	Immediate cause of death	DURATION
8. AGE: Years	Months	Days	If less than one day	Hypertension, Arterial	l vr
57	5	24	hrs m)r		
9. Birthplace		atate)	Due to Chronic glomerulonephritis	.l.yr.	
1D. Usual occupation. Unknown				Oue to Arteriosclerosis, generalized	l wk.
11. Industry or business					
				Dither conditions	
13. Birthplace				(Include pregnancy within 8 months of death)	
14. Malden name Caroline Wright 15. Birthplace Virginia			t	Major findings of operations	
TO	Virginia			Major hadiogs of operations	
			NW. Wash. D.C.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address 1423 Corcoran St., NW, Wash., D.C.  Burial  (Burial gramation or removal Which?)  Date thereof 4-30-47  (month) (day) (year)			22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
(Durial, Cicination, or comment					
Cometery or crematory Arlington National Cemetery			Whers did injury occur?		
Location Arl	ington, V	irginia	3	Injured at home, farm, Industry, public place (where?)	
			on LEM	Mases of Injury Injured at work?	
Address 1337				23. SIGNATURE J. B. BRYANG Lt. (5g) NG US	SNR
1,_2	6 1947	Mary	Charlotte Smith		
19. (Date ree'd by res	rietrar)	wich y	Registr	Address USNH Bethesda, Md. Date signed.	1-50-11

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. We is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED

FOR BINDING

PLEASE SIVS A15



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-6

### CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1	County MONTGOM ERT BETTER IN Marchand	
-	City or town	Jan Could Hand Place MI
	How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Hospital, institution, or street address where death securred:	Street No. > Washington D.C.
	Suburban Hospital, Orthesda Md.	(If rural, give LOCATION)
	How long in hospital or institutions 9 day 5	2.(a) If veteran, name war
1	3. (a) FULL NAME	3. (b) Social Security Number
	GREEN, AlziNA M.	
-	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20
	FEMALE WhITE WIDONEL	2D. DATE DE DEATH. A DY'L 20 1947, at 4A.
	8.(b) Name of husband or wife Franklin P. Green	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
		1 Capal 1847 to 9 9 Ward 1947
	7. 8irth date o1	and that I last sew h. K. T. alive on 19 affect 1947
	decessed (mo., day, pr.) \\ \day, \alpha  \day  \d	Immediaie cause of death DURATION
1	8. AGE: Years Months Days If less than one day	Brongho Breumona right 2 who
	94 2 28hrsmln.	lower love
l	9. Birthplace - O. GANS PORT UND 19 NA	Due to fulmorry salma
		3 hyp
1	ID. USUE! UCUSPETURI	Due to My ochdial altermentalin 3alsa
	11. Industry or business	NA POLOTE DIA
	12. Name Day 1d? 7d. Convad	Diher conditions of the way laft
		(Include pregnancy within 3 months of death)
	# 14. Maiden name Catherine Unstatt	Major findings el operations.
-	5 15. Birthplace INDIANA	major magings of operations.  Baje of on
1	T W Hayard	Antopsy results.
		PHYSICIAN: Please underline the cause to which death should he charged statistically.
	Address 2801 Cortland PL. N.W.	22. VtOLENCE: tt death was due to external causes, fill in the following:
	17. Ste American Date thereof 4/23/47 (Burial, ofemation, or removal. Which?)	Accident, suicide, or homicide
	Gemetery or crematory Kenselseenke Raine	Where did latury occur?
	Gemetery or crematory	
	Location	Injured at home, farm, ledustry, public place (where?)
	18. Funeral dissofor W Tenden Tumphry	Means of Injury Injured at work?
	Address Getherda Mary South -	Think WARA A.D
	4( 1 2 2M E O D	23. SIGNATURE.
	19. (Date rec'd by registrar) Registrar	Address 392) Ingomes St. hash " Date signed 20 life 9

WITH UNFADING INK. Supply every item of information carefully. They important. Physicians: please write the causes of death clearly and legibly

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## CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (RGD)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Production	" State Maryland county Montgomery
City or town	
How long in above place of death?	
Hospital, institution, or street address where death occurred:	Street No. 801 Greenword are.
WASHINGTON SANITARIOM+ HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution? 7.0445	2.(a) If veteran, name war.
Mrs Rosa ann Groot.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale white widowed	20. DATE OF DEATH Ofril 30 1947 at 600 1
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	and that I lost can be 27 alive an about 30 9 - 19 45
7. Birth date of deceased (mo., day, yr.) Dune 21, 1853	and the control of th
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
9493 10 9 hrs. mir	frother left france I do
	- pilestrosterotoro
9. Sirthplace (Town, county, and state)	Due to
1D. Usual occupation.	Via
	Jevilly - Jo
11. Industry or business	Dente Wellert . 2 land
	Other conditions Device reflectes 2 mg
13. Birthpiace	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
2 15. Birthpiace Clabe.	
18. Interment WASH INGTON SANITARIUMA HOSPITAL	Aotopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address TAKOMA PARK, BARYLAND	7 22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or healeige
Cemetery or crematory Asexisting Countered	Where did injury occur?
Location	Injured at home, terms industry, public place (where)
16. Funeral director & Carlings of Palloss 4.	Means of Injury fall - injured at work?
1 -18 . Ca Start ( ) ( )	
Address 254 Ourhall IV Salaying	A/23. SIGNATURE John A. / Inownstrage-
10 May 1 1047 7-111Mm WOT	M. D. of other

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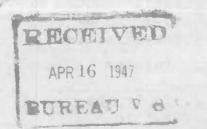
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3-04

### CERTIFICATE OF DEATH

	-111	1	76
	4	1	00
. Dist.	No. 5	1	4

	Reg. Dist. No.
1. PLACE OF DEATH:  County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	State Maryland county Montgomery  City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)
713 Boundry Ave.	Street No. 713 Boundry Ave. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME E Pamnandus Grubbs	3. (b) Social Security Number 579+10+2951
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION  20. DATE DE DEATH April 11 47 at 635 P.
8.(b) Name of husband XXXX Mary E.  6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
7. Birth date of deceased (mo., day, yr.) Aug. 12th. 1876	Immediac cause of death
8. AGE: Years Months Days It less than one day	Some some
9. Birthplace	Due to.
11. Industry or business  12. Name J. T. Grubbs  13. Birthplace Virginia	Dither conditions
t4. Maiden name Annie E. Anderson  15. Birthplace Virginia	Major findings of operations.  Date of op.
16. Informant Mrs. Mary E. Grubbs Address 713 Boundry Ave.	Actorsy results. Not done.  PHYSICIAN: Please moderline the cause to which death should be charged statistically.
17. Burial (Burial, cremation, or removal. Which?)  Date thereot. 4-14-47 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
Cemetery or crematory Cedar Hill	Whera did injury occur?
Location Suitland, Pr. Geo's Co., Md.	Injured at home, tarm, industry, public place (where?)  Means of injury  Injured at work?
18. Funeral director Warnes & Campbury - Address Silver Spring, Ma.	Lee B. Snow M.D.
t9	23. SIGNATURE M. D. or other  Address. 914 Sligo Ave Bate signed 4-11-4



# CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn to fants give residence of mother)
County Montgomery	state Maryland county Montgomery
Cily or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	Gity or town Silver Spring (If outside city or town limits, write RURAL and give searest town)
Hospitat, Institution, or street address where death occurred:	Street No. 410 Hillmoor Drive
410 Hillmoor Drive	(If rurel, give LOCATION)
How long In hospital or institution?	2.(a) it veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MRS. MABEL F. HAFLE	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white married	20. DATE DE DEATH april 19 1947, at 5 4.
6.(b) Name of huaband or wife Charles William	21. I CERTIFY that death occurred on the date above ataled; that I ettended decreased from
	June 7 1046, 10 april 19 1047
7. Birth date of Cody Scott Sc	and that I last aaw here alive on april 18.4.
deceased (mo., day, yr.) Oct. 30th. 1880	Immediate cause of death DURATION
8. AGE: Yeara   Months   Days   It less than one day	Carcusmalore ?18 Mos
66 5 19hrsmin.	
9. Birthplace Washington, D. C. (Town, county, and state)	Oue to adeua Carcenona of ?
	Com
19. Usual occupation Housewife	Due to
11. Industry or business	- Andrews of the second of the
[ 12 Name William E. Garner	Other conditions Disbettes Melliter 5 yrs.
12. Name William E. Garner 13. Birthplace Virginia	(Include pregnancy within 3 months of death) .
E 14. Maiden name Jennie Weaver	adenda ser me a Com c
S 15. Birthplace Virginia	Major findings of operations.
	Tiver Metastasis Date of op May 13, 1946
18, informant Mr. Charles W. Hafle	Actorsy results
Address 410 Hillmoor Dr.	
Burial Burial Date thereof 4-21-1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
(**************************************	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Localion Washington DAC.	Injured at home, tarm, Industry, public place (where?)
Warm & Complexed	Maans of injury injured at work?
16. Funcial uncertain	m. 11/4 ( 9.1
Address Silver Spring, Md.	23. SIGNATURE MEMBER 4. CLOSS 4.
10 april 19 1047 Josephendy Schaffe	8512 Georgia and M. D. or other
(Dat rec'd by registrar) Registerer	Address Selver Thrium, Plud Date aigned 4/19/4/

correct age WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

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### 2411 N. Charles St., Battimore

### CERTIFICATE OF DEATH

eg, Dist, No. 2/6

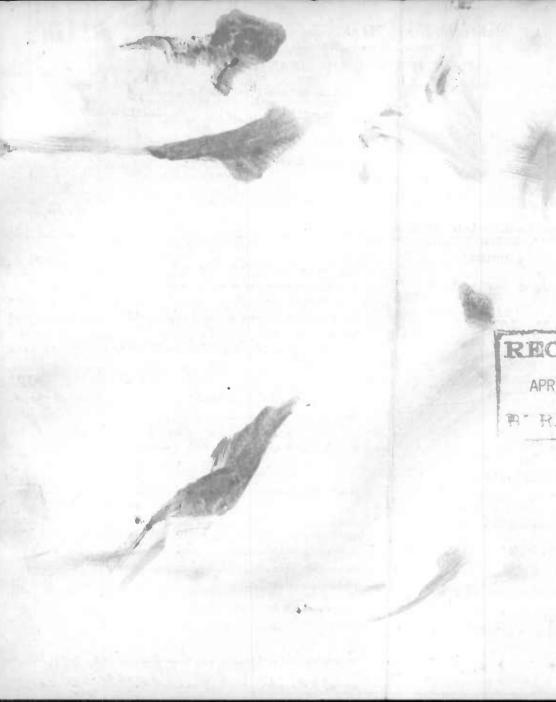
				Reg. Dist. No
How long to above pl Nospital, institution, Sub Now long in hospita 3. (a) FULL NA	Bet hesda If outside city or town lace of death?  or street address where ourban Hospial or institution?  MME  Mr. George	death occurred: ital 2 days  rge Washington Hewison	Street No. 4832 Leland St. (Ifrural, give 2.(a) If veteran, name war.	mother) Montgomery  oty  , write RURAL and give nearest town)  LOCATION)  3. (b) Social Security Number
4. Sex Male	5. Color or race	6.(a)Single, married, widowed, or divorced		ERTIFICATION
10-20			20. DATE DE DEATH April 16, J	1947 18 4:20 A.
7. Birth date of deceased (mo., do 8. AGE: Y)  9. Birthplace  tD. Usual occupation occupation of the transfer of the transfer occupation	New York,  Accountainess  Charles He	Days If less than one day 2 hrs. min.  New York , county, and state) nt  wison  New York	21. I CERTIFY that death occurred on the date about 19.  and that I last saw hourselive on	DURATION  24 Cus  Superior  Superior
t4. Maiden na	me Charlott	e Gillette	Major findings nl operations	
E t5. Birthplace		New York	Majut madings at options.	
16. Informant	Mrs. Arthu		Antupsy results	
17 Suri	al tion, or removal. Which matery	Date thereof 4/18/47 (month) (day) (year) Creek Cemetery ington D. C.	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County) (State)
18. Funeral directo	Where	bu Tuushru sin Ave., Bethesda, 1	Meens of Injury  Id . 23 SIGNATURE Sections	Injured at work?

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LAINLY, WITH UNFADING INK. Supply every item of information carefully. The especially important. Physicians: please write the causes of death clearly and legibly

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. .... 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	state Mary land county Montgomery
City or town	
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred: The Montgomery County General Hospital Qua	Street No. (If rural, give LOCATION)
	2.(a) if veteran, name war.
How long In hospital or Institution?  3. (a) FULL NAME	
Mrs. Katherine Hoy	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. 4 11:29.P.
8.(b) Name of husband or wife Mr. Edward J. Hoy	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
2 (a) It allows also and 163 mans	2/1/ 194,3 to 4/
1 7 Right date of	and that I last saw h. L. alive on 4/1/1/2
deceased (mo., day, yr.) September 28, 1894.  8. AGE: Years   Months   Days   It less than one day	Immediais conse of death
52 6 3min.	warma 1022
	1/2-12-0/1-9
9. Birthplace 2 Adia Napolis and ia Na	Due to.
10. Usual occupation. Housewill	Due to.
11. Industry or business	
# 12. Name August Woersdorker	Other conditions
12. Name August Woersdorger  13. Birthplace Germany	h
	(Include pregnancy within 8 months of death)
14. Malden name Augusta Jores  15. Birthplace  Germany	Major findings of operations.
Li 15. Birtinpiace	Date of op.
16. Informant Hospital records	Antopsy results
Address OLNEY- MO.	22. VIOLENCE: If death was due to external causes, fill in the following:
17   Date thereof   DR 4 194   Gurial, cremation, or removal. Which?)   (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory TOCK CREEK CEMETERY	Where did injury occur?
Location MASHLAGTON-DC	Injured at home, farm, Industry, public place (where?)
18. Funeral director Allane & Campshing	Means of Injury Injured at work?
Address SILVER SPRING - MD.	mr31
and and	23. SIGNATURE
19. 4-4-19. 19. 47. Solution of Barbara Registrar	Address Sandy Ship M. Date signed 4/4/47

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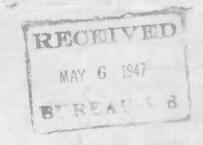
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2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

carefully. The	PLACE OF DEATH:  y or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give realdence of mother)  State
	(a) FULL NAME ( ) STER	3. (b) Social Security Number
em of inf		MEDICAL CERTIFICATION  2D. DATE DF DEATH
Supply every	Birth dafe of deceased (mo., day, yr.)  AGE: Years Months Day If less than one day  62  Birtholace Shincer will Market	and that I last saw he alive on the last saw he alive on DURATION  Due to Confident Contact the last saw he alive on DURATION
FADING Physic	Usual occupation	Due fo
WITH U importa	14. Maiden name. Surah Tyler  15. Birthpiace  Informant Mr.S. Hester Hackley Raughts.  Address Shencerville, mod.	(Include pregnancy within 3 months of death)  Major findings of operations Called Made Rection May All Matter And Rection May All Matter And Ma
ITE PI	Bulliand Date thereof Many 3, 1947 (Burial, cremation, or removal, Which?)  Cemetery or crematory Date thereof (day) (year)  Location Date thereof Many 3, 1947 (point)	22. VIOLENCE: tf death was due to external causes, fill in the following;  Accident, suicide, or homicide
20	Address Rack wille ned.  May 3 (Date rec'd by registrar)  18 47 Josephine Walhaffe  Resistrar	23. SIGNATURE LEGEL M.D. or other  Address Date signed 5, 2, 4, 7



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Burker States and A

P. M. Tr. M. T. M. S.

2411 N. Charles St., Baltimore 85-0

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

USNH Bethesda, Md.

Registrar

D. C. County
Washington

Reg. Dist. No.

216

# E OF DEATH

/			CERTIFICAT	
1. PLACE OF DEA	gomery	ral)	URAL and give nearest town)	
How long in above place Hospital, Institution, or US Naval How long in hospital or	sireet address where d. Hospital,	Bethe	sda, Md.	
3. (a) FULL NAME	2		chard Levan	
4. Sex	5. Color or face	6.(a)Single	, married, widowed, or divorced	Ī
male	Col.	s	ingle	
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	2 433		) If alive, give ageyears 921	
8. AGE: Years		Days	It less than one day	1
25	8 .	. 8	hrsmin.	l
9. BirlhplaceWa 1D. Usual occupation 11. Industry or busines	77 - 3 04	man Co		
	ran Jackson Washing		•C•	
14. Maiden name Carrie Newton				
16. Informant Mo: Mrs. Carrie Jackson  Address 210 Brooks Court, N. W. Wash., D.C.				
burial Date thereot 1-15-17  (Burial, cremation, or removal, Which?)  Cemetery or crematory Arlington National Cemetery				
	ington, Va.			
18. Füneral director W. ERMEST JARVIS 9.80 76  Address 1132 U St., N. W., Wash. D.C.				
Address 1152 0 Stop No 110 110 110 110 110 110 110 110 110 11				

(If outside city or town limits	, write RURAL and give nea	rest town)
Street No. 210 BrooksCourt	LOCATION)	
2.(a) If veteran, name war 2nd WW		V
Partential	3. (b) Social Security 1	Number
MEDICAL CH	ERTIFICATION	
20. DATE OF DEATH 10 April	19 47	. 5:15A
21. I CERTIFY that death occurred on the date about 19	47 10 April	19.47
Immediate sause of death	bral	6 hours
Oue to		
(Include pregnancy within 8 r		
Major findings of operations		
Antopsy results. Hemanity, Ce PHYSICIAN: Please underline the duse to wi	Date of op.	statistically.
22. VIOLENCE: If death was due to external cau	ises, till in the following:	
Accideni, suicide, or homicide	Date of	
Where did injury occur?(City or town)		
Injured at home, tarm, industry, public place (w	here?)	
Means of Injury  Will insur	Injured at work?	
23. SIGNATURE W. A. DINSMOR	E. Lt.Cdr. (MC	or other

WRITE

(Date rec'd by registrar)

PLAINLY, is especially

Supply every item of information carefully. The corrections write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

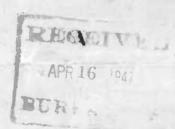
# CERTIFICATE OF DEATH

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age .	2411 N. Charle	ea St., Baltimore (166)	
rect a	CERTIFICAT	TE OF DEATH	Reg. Diat. No
e cori	1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the control o	DECEASED:
y. The dilation	City or town(If outside city or town limits, write RURAL and give nearest town)	State Maryland Cou	le
ion carefully.	How long in above place of death?	(If outside city or town limits	
on ca clear	How long in hospital or Institution?	(If rural, give	War 4 TT
information of death cle	3. (a) FULL NAME	on.	3. (b) Social Security Number 577-14-9608
info of o	4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CE	ERTIFICATION
causes	male coll single	2D. DATE DF DEATH April	9 19 × 7 , 21 9:15-P
y iten he ca	6.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date abo	re stated; that I attended deceased from to 19
rite the c	T. Birth date of deceased (mo., day, yr.)  JUNE 12 19 19	and that I last saw halive on	
Supply ever please write	8. AGE: Years Months Days If less than one day	Immediai suse of death Thomas	in die
INK. S	9. Birthplace Calesville Monty ml. (Town, county, and state)	Due to The Shop	word hadding
ADING INK Physicians:	10. Usual occupation Truck plriner	Due to	
ADIN Phys	11. Industry or business  12. Name	Dther conditions.	
VITH UNF	In a sirthplace   In a sirth	(Include pregnancy within 3 m	nonths of death)
TTH	14. Malden name	Major findings of operations	
Y, Illy	16. Informant Lewise Shuson Chistle	Autopsy results	ich death should he charged statistically.
PLAINLY, s especially	Address  17 Bural  Date thereof april 12, 1947	22. VIOLENCE: It death was due to external cau	
P is	(Burial, cremation, or removal, Which?)  Cemetery or crematary  Cemetery or crematary	Where did injury occur?	County) (State)
RITE	Location alisnelle maryland	Injured at home, farm, industry, public place (wi	nere?)
SEW	18. Funeral director. Simulation	Means of injury	Bisschait M. J.
PLEAS	Address Pack rulle, ma.	23. SIGNATURE	M. D. or other
딥	18. apr 12 18 47 prepare no challe	Guither hu	o pre signed 4-14-X



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# MARYLAND STATE DEPARTMENT OF HEALTH

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	2	1	4	38

# CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
Cliy or town. Silver Spring, (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?			
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME FREDERICA A JOHNSON	3. (b) Social Security Number		
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced  female   White   Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  18 7 30  18 7 31  18 7 31		
6.(b) Name of husband or wife Andrew D.  7. Sirth date of deceased (mo., day, yr.) Jan. 20th. 1868	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from  2 - 1 - 19 40, to 4 - 14 - 19 47  and that I last saw h. 24 - alive on 4 - 12 - 19 47		
8. AGE: Years Months Daya If less than one day 79 2 24hrs	Immediais cause of death OURATION 2 day		
9. Sirthplace Denmark (Town, county, and atate)  10. Usual occupation Retired Housewife  11. Industry or business	Due to Generaly & actoris - Slams, 10 yrs		
11. Industry or business   12. Name	Other conditions queed cadexa 2 yrs.		
14. Maiden name Unknown  15. Birthplace Denmark	(Include pregnancy within 8 months of death)  Major findings of operations		
16. Informant Mrs. Herbert R. Weston Address 906 Sligo Ave.	Antopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Removal (Burial, cremation, or removal, Which?)  Cemetery or crematory. Oakland,	Accident, suicide, or homicide		
Location Warren, Warren Co., Penna.			
18. Funeral director	23. SIGNATURE MONTH SUPERINGEN SU		
19. Opt 14 19 (Datfree'd by registrar) 19 47) Soldiers Mischalt A	M. D. or other  Address 8005 Wholbuy Av Date signed 4 14 47		

APR 16 1947

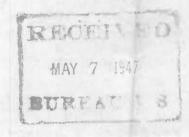
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2411	N.	Charles St	t., Baltim	ore 93d

# CERTIFICATE OF DEATH

Reg. Diat. No. ...

County. Montgomery  City or fown. (If outside city or town limits are sured URAL and give nearest town)  How long in above place of death?.  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  Brinklow  MD  City or town  (If outside city or town limits, write RURAL and give nearest town)  Streel No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Isabel B. Jones	no
Female Scholor or race (a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH. Afr. 36 - 1947, 21/202. N
8.(b) Name of husband or wife. Chas Scott Jones	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age years	Jan 1 - 1145 10 apr 26 1147
7. Birth date of Dog C 7 C77	and that I last saw her alive on a fact 20 - 1847
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
75 4 24hrs. min.	Cardin Vascular dinena
9. Birthplace (Town, county, and state)  10. Usual occupation none  11. Industry or business	Due to.
12. Name Frederick T Browne 13. Birthplace Maryland	Other conditions
Ann. M. Worrel	(Include pregnancy within 3 months of death)
14. Maiden name Maryland	Major findings el operations.
16. Informant Elizabeth B. Jones Brinklow MD.	Autepsy results
Burial Date thereof April 29.194  (Burial, cremation, or removal, Which?)  St. Johns S  Cemetery or crematory	Accident, suicide, or homicide
Location Olney MD.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Roy W. Barber  Laytonsville, MD.  19. 4-28- (Date ree'd by registrar)  (Date ree'd by registrar)	23. SIGNATURE Charles Tumbles M. D. of Manual Spanish Translation M. D. of Manual Spanish Translation Date signed 4/2 7/24



E.

01184

2411 N. Charles St., Baltimore (133-0)

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

County ANG COMERY  City or town DETHE COMP Imite, Write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  ADAR DAN.  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Emma E Joy. (Mrs)	3. (b) Social Security Number
4. Sex   5. Color or race   1/6. (a) Single, married, widowed, or divorced   1/4.   1/	MEDICAL CERTIFICATION  20. DATE OF DEATH. APRIL - 15 19 47 21 12 50 P.
6.(b) Name of husband or wife TAMES E Joy.  5.(c) If all ve, give age Dec years deceased (mo., day, yr.) DEC. 7-1867  8. AGE: Years Months Days If less than one day 10 hrs. min.  9. Birthplace HART Joyd Co. Md.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  19. 4. 10. 19. 4
10. Usual occupation. Na.M.E	Due to Differ Treasless say in a 3 Linkarium  Diher conditions alexandry & observing years.
14. Maiden name. It PNdRIX:  15. Birthplace Maryland  16. Informant Emma C. Layer	(Include pregnancy within 8 months of death)  Major findings of operations Many Later Hu of nis as  But as asked to Kidney Date of op. 4/12/47  Autopay results. None
Address 2009 - K. Irng E R. A. W. Washing Towl  17. (Burial, gramation, or reployat. Which?)  Cemetery or crematory of take Charles M. E. Cambridge (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other
19. (Date see d by registrar) Registrar	Address 943/3000 A. Date signed 4/15/4

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

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MARGIN RESERVED FOR BINDING

Et J. Stinglits

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APR 19 1947

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# CERTIFICATE OF DEATH

. Diat. No. 216

11/			Reg. Dist. No	
	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	nother)	2.0
1	lty or town. 13ethesda. W. (If outside city or town limits, write RURAL and give nearest town)	State MAY HAVID COUR		***************************************
11	ow long in above place of death? Sakice 4-7-47 ospital, institution, or street address where death occurred:	City or town (If outside city or townlimits, street No. 1.3. Decatury (If rural, give I	write RURAL and give nea	rest town)
	ow long in hospital or institution? Bethesday	(If rural, give I	LOCATION)	
11_	. (a) FULL NAME		3. (b) Social Security	Number
	Mr Alva R. Kidwell	·		
	. Sex 5. Color or race 6.(e) Single, married, widowed, or diversed-	MEDICAL CE	RTIFICATION	
-	My IN MY	20. DATE OF DEATH 4-9-47	19.47	12:30 P.
	(6) Name of husband or wife Rose C. Kid Well	21. I CERTIFY that death occurred on the date abov	re stated; that I attended dece	ased from
		I M. A. D.		19
	deceased (mo., day, yr.) Tune 7,1898	and that I last saw h	· Heet	DURATION
=	B. AGE: Years   Months   Days   If less than one day	Impediate cause of death		2 wll
11_	48 10 2min.			
	Birthplace. Mers Jile VA. (Town, county, and state)	Due to Gromany Occlemen	<u> </u>	Osos
	D. Usual occupation	Due to	11.	
	t, Industry or business			
	12. Name Willard Kidwell  13. Birthplace Mersyille Vivginia	Other conditions contra Sterons	Charles from	Dutts
-		(Include pregnancy within 8 m	norths of leath)	eigh lake
	14. Malden name Dova Harding 15. Birthplace Mers Ville Vivginia	Major findings ol operations	J	
-	15. Birthplace Mers Ville, Virginia		Date of op	
	16. Informant Rose C. Kidwe ZZ	Autopsy results	ich death should be charged	statistically.
	Address 15 Decation St. Kens.	22. VIOLENCE: If death was due to external caus		
	(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
	Cemetery or crematory Wellebase	Where did injury occur?(City or town)	(County)	(State)
1	Location	Injured at home, farm, Industry, public place (wh	ere?)	
	19. Funeral director W. W. Chambers Co.	Means of Injury	injured at work	0
1	Address 1400 - Chapinst. N.W.	23. SIGNATURE Indrew Gora	andom' M	<b>ブ</b>
	19. (Date rec'd by registrar) 18 4 7 Mm E John Enegistrar	Address 2025 Egs SANO	lucale D Chate signed.	4/9/47

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PLEASE WRITE PLAINLY,

APR 12 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

Reg. Dist. No. 214

	Reg. Diat. No.
A. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Slate Maryland County Montgomery  City or town Silver Spring  (If outside city or town limits, write RURAL and give nearest town)
Hospilel, Institution, or street address where death occurred: 9122 Kimes Street	Street No. 9122 Kimes St. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) ti veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number 510-09-7552
4. Sez   5. Color of race   6.(a)Single, married, widowed, or divorced male White married	MEDICAL CERTIFICATION  20. DATE OF DEATH. Cabril 27 1947 1947 1947
6.(b) Name of husband object Eva W.  6.(c) It elive, give age yea  7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
deceased (mo., day, yr.) Aug. 12th. 1889  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
57 18 15hrshrs.	1. Croppary orchision
9. Birthplece El Dorado, Kansas (Town, county, and atate)  10. Usual occupation Bank Clerk	Oue to
11. Industry or business  12. Hame William E. Kilgore  13. Birthplace Scott Co., Va.	
14. Maiden name Mary E. Collier  15. Birthplace Kentucky  Mrs. Eve. W. Kilgore	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant	DUVS:C+4 N. Please underline the cause to which death should be charved statistically.
Address 9122 Kilgore St., Silver Spring  Burial  (Burial, cremation, or removal, Which?)  Bate thereot. 4-30-1947  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
Cemetery or crematoryRock.Creek	Where did injury occur?
Location Washington, D. C.	injured at home, farm, Industry, public place (where?)
18. Funeral director Warnes & Dungalway.	1 0 1 0 1
Address Silver Spring, Md.	23. SIGNATURE June June 200 M. D. or other
19. april 7 8 19 47 Josephine In Ochael	Address Jackhaushum md Date signed 7 28 4.

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and lègibly

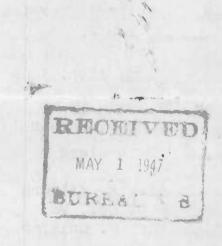
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-dy

# CERTIFICATE OF DEATH

01187

Reg. Dist. No. 211

1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, work Rulled and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  How long in hospital or institution?	City or town (If rural, give LOCATION)  2. (a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Thomas D lung	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or thronced	MEDICAL CERTIFICATION
mal W married	20. DATE OF DEATH. ADRIL 8. 19 47. at 4:45A
Sella Hitton King	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife 12.	November 19.45, to April 6 19.47
7. Birth date of	and that I last saw h im alive on Annil 6 19.47
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death
8. AGE: Years Worlds Days If less than one day	Arterio-sclerotic heart
	disease. 15 ye
9. Birthplace (Town, county, and state)	Due to Generalized arterio-scler-
1D. Usual occupation of armer	0515.
11. Industry or business per provided in the state of the	Duo to
E 12. Name Charles Knig	Dither conditions
13. Birthpiace Mark land	
	(Include pregnancy within 3 months of death)
14. Maiden name Andrew Strucker  15. Birthpiace Maryland,	Major findings of operations. NONA
2. 10	Date of op.
16. Informent 1999	Autopsy results
Address Fern andrew That	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or gremmer Monstonia View	Where dld injury occur?
Location Presolution most	Injured at home, farm, industry, public place (where?)
18. Funeral direct Roy W. Barber	Means of injury injured et work?
Address affansvill mod	The hora of that.
Child & 42 10 Man Man Latt	23. SIGNATURE M. or other
19. (Date rec'd by registrar) Registrar	Address Date signed 4.8.47

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2411 N. Charles St., Baltimore 30 V

# CERTIFICATE OF DEATH

11188 223-

	Acg. Disc. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infantagive positions of mother)
County	State Distrof Cl. County (71.20.)
City or town(If outside city or town limits, write RURAL and give nearest town)	Washington De.
How long in above place of death?	City or town (If outside city or town librats, write RIFRAL and give pearest town)
Hospital, Institution, or street address where death occurred:	Areet No. 2706 3674 Alreet
260 Maple Overne Jakona Bask,"	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mildred Agyner	-Kirkpatrick 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Single	20. DATE DE DEATH April 28, 19 47, at 11 5 M
	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
6.(b) Name of husband or wife	april 15/ 1947, 10 april 28, 1947
7. Birth date of 7. Bir	and that I fast saw h a salive on a said 26, 1947
deceased (mo., day, yr.) felomany 5, 1859	Immediair cross of death
8. AGE: Years Months Days If less than one day	Heart Hailure I week.
88 2 23hrsmin.	
9. Birtholace Amhers Climberst, Virginia	Due to.
(Town, county, and state)	Bearl Lyn.
10. Usual occupation.	Due to
11. Industry or business	
12. Name dente de l'inhere de l'inference de l'inhere	Dther conditions
13. Birthplace amhered, Vinginia	(Include pregnancy within 3 months of death)
14. Maiden name Anna Watte	
14. Malden name Imma Watte	Major findiogs of operations.  Date of op.
Mrs Minniel Cooling	Aotopsy results.
16. Informant 22-6 26-4 Physical R 4	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.
Address 2106 36 th At. May Washington a	22. VIOLENCE: ff death was due to external causes, till in the following;
(Rurial crametion or removal Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Nimon and Commentant	Where did injury occur?
Cemetery or crematory	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director Thorer Telleral From.	Means of Injury Injured at work?
Address Strasburg of Virginia.	Calaber II ad. Thibaon, MD.
Other 20 un Anthelia Sold	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Ewerdale Maryland Date signed 4.29.47

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

# CERTIFICATE OF DEATH

()1189 Reg. Diat. No. 216

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother)
City or town Bethesda, Maryland (If ontside city or town limits, write RURAL and give nearest town)	state Maryland County Montgomery
(If ontside city or town limits, write RURAL and give nearest town)	City or town Kensington
low long In above place of death? Since 4-13-47	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Suburban Hospital-8600 Old Georgetow	(1f outside city or town limits, write RURAL and give nearest town) 27 Dietrich Ave. (If rural, give LOCATION)
How long in hospital or institution? Since 4-13-47 Bethesda,	II AC . (If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Kathryn Kittelson	None
6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH April 15. 18.47 , at 7:05.A.
Com With - 1 Will	
s.(b) Name of husband or wife Sam Kittelson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	2 and that I lest saw h 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
deceased (mo., day, yr.) Dec. 11, 1890	
B. AGE: Yaars   Months   Days   tf less than one day	Immediate cause of death DURATION  A Hemory has a least of the County Server +8 hr
56 4 4hrsmin.	O Henowhere length of conti James 48 px
	6. 6. 2
B. Birthplace Cavalier, North Dakota (Town, county, and state)	and to arthing which is a grand god in their
10. Usual occupation. Housewife	2) Hypertanian determinal
	Due to
11. Industry or business	
12. Name. Wm. Jackson Canada	Dther conditions
E.   13. Biringiace	(Include pregnancy within 3 months of death)
14. Maiden name. Margaret Shalane 15. Birthplace Canada .	Major findiags of operations.
es multiples Canada	
	Date of op.
18. Informant Mr. Sam Kittelson	Antopsy results. A Management of the canse to which death should be charged statistically.
Address Detroit Lakes, Minnesota	
Shipment (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	722. VIOLENCE: If death was due to external causes, fill in the following:
Cometery or crematory Oak Grove Cemetery	Where did injury occur?
Lecation Detroit Lakes, Minnesota	Injured et home, ferm, industry, public place (where?)
10 To House on Tree of Oleans	Means of Injury tnjured at work?
18. Funeral director Celebra Tumphrey	0.00
Address Bethesda, Maryland	Samuel Willer M.1)
4/16 47 9m El	23. SIGNATURE
19. (Date rec'd by registrar) Registrar	Address Kusington Mol. Date signed 4/154)

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APR 19 1947

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WITH UNFADING INK. Supply every item of information carefully. The c important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 4610 X

01190

# CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town.  Bethesda (rural)  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	State County  City or town Washington.  (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  US Naval Hospital Bethesda, Md.  How long in hospital or institution?  15 days	Street No. 1:01:1 7th Sta, N.E.  (If rural, give LOCATION)  2.(a) If veteran, name war. 1st W
3.(a) FULL NAME LAUFER, August Frederick	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male W-US married	MEDICAL CERTIFICATION  20. DATE DF DEATH APRIL 9 19 117 21 3 A
5.(b) Name of husband or wife Mrs. Sarah Laufer  5.(c) If allve, give age years  7. Birth date of deceased (mo., day, yr.)  7. August 1869	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  25 March  19 L7  10 9 April  19 L7  and that I last saw h im alive on 9 April  19 L7  10 DURATION
8. AGE: Years Months Days If less than one day 2	Intestinal obstruction I month
9. Birthplace	Due to the livertcales.
12. Name Martin Laufer 13. Birthplace Germany dec.	Other conditions
14. Maiden name Mary Augaule  15. Birthplace Germany dec.	Major findings of operations.
16. Informant Wife: Mrs. Sarah Laufer  Address 4041 7th St., N.E., Wash., D.C.	Antorn realization of the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:
17. burial Dale thereof 4-11-17 (Burial, cremation, or removal, Which?) (month) (day) (year)  Arlington National	Accident, suicide, or homicide
Arlington, Va. Location W. W. CHAMBERS 65.	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address 1400 Chapin St., N.W., Wash., D.G.  19. April 9 19 47 Mary Charlotte Smith (Date rec'd by registrar)  (Date rec'd by registrar)	23. SIGNATURE. R. N. GRANT, Cdr. (MC) USN M. D. or other Address USNH Be the sda, Md. Date signed 4-9-47

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APR 19 1947

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2411 N. Charles St., Baltimore B.

01191

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Mantgamery	(For newborn infants give residence of mother)		
Cily or town	State		
How long in above place of death?	City or town (if outside city of town limits, write RURAL and give nearest town)		
How long in above place of death	Street No. Las 76 Hilantawa Rd		
Washington Sanitaxium and Hospital	(If rural, give LOCATION)		
How long in hospital or institution? / mant. h. la day.s.			
	2.(a) If voteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Dewis Miss Alice Agres			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	0 . 1 . 1/-		
remaile winds of original	20. DATE OF DEATH. Open 1947 21.		
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from		
	7et 26 1939 10 4 19 19 17		
7. Birth date of	and that I last saw h. Co. alive on april ( 19 19)		
deceased (mo., day, yr.) Dec. 2, 1874	Immediate cause of death CURATION OURATION		
8. AGE: Years Months Days If less than one day	/ himi-		
72 3 /8hrsmin.			
70	Que to che reglistes 2 year		
9. Birthpiace			
10, Usual occupation	a to selection de		
	Due to		
11. Industry or business			
E 12. Name Christopher Jewis	Other conditions		
13. Birthplace Og,	(Include pregnancy within 8 months of death)		
14. Maiden name Mary Stewart			
	Major findings of operations		
₹ 15. Birthplace \(\mathcal{D}\)\(\mathcal{D}\)\(\mathcal{D}\).			
16. Informant Washington Sanitarium and Hasp	Autopsy results		
Address Takoma Park Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)  Date thereof (Month) (day) (year)	Accident, suicide, or homicide		
I MAC DAMA A AND MA	Where did Injury occur?		
Cemetery or crematory			
Location Wash - D.C	Injured at home, farm, Industry, public place (where?)		
18. Funeral director of war Les Sing Ce	Means of Injury Injured at work?		
a Che y N m & alue of OC	The and the war		
Address 3 675 -4 NM E Men Se	23. SIGNATURE JULIA G THATELES WY		
Chala 47 ANOM NOTAL	M. D. or other		
19.00 Registrer	Address 232 Cell F2 Bail signed 7 77		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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Grand 47 Philipsball

# CERTIFICATE OF DEATH

	arles St., Baltimore A.D X
CERTIFICA	ATE OF DEATH Rog. Dist. No. 223
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME HELEN LONGACI	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced SinGLE	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.17  11.12
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) December 17 1880.  8. AGE: Years Months Days It less than one day	and that I last saw h.l. alive on
9. Birthplace Luhigh CO. Pennsyl vania	Due to Destin - / O
10. Usual occupation Mailing Clerk  11. Industry or business Review and Herald Publishine  12. Name Henry W. Long acre #ssok  13. Birthplace Pennsylvania	Due to  Diher condition tephritis + Pyelitis?
14. Maiden name Eliz Cheth Smull 15. Birthplace Pennsylvenia	(Include pregnancy within 3 months of death)  Major findings of operations accuration of the control of the con
Address Takoma Park Md.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically  22. VIOLENCE: If death was due to external causes, till in the tollowing;
17. Burnel Bate thereot. APR/1 /5, /94 (Burinl, cremation, or company), Which?)  Cemetery or crematory A. Managute Counterly	Accident, suicide, or homicide
18. Funeral dipotor Subsur Salus.	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?
19. Charles 19 19 19 19 19 19 19 19 19 19 19 19 19	23. SIGNATURE OF H Ja ave 5.5 M. D. or other

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APR 15 1947

BUREAU V 8

2411 N. Charles St., Baltimore 13-2

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: TEOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence uf mother)
City or town. (If outside city or town limits, white RURAT and give nearest town)	Stale County County
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Streel No. 3 400 PL YERS MILL RA
How long in hospital or institution?	(12 rural, give LOCATION) . 2.(a) If veteran, name war
3.(a) FULL NAME HENRY KIN	GLOVE 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
NI Willower	20. DATE OF DEATH. Oggil 27 1947 21 2 A. M
6.(6) Name of husband or wife Laghane Chase	21. CERTIFY that death occurred on the date above stated; that I attended deceased from
\$,(c) If alive, give ageyear	Jan 11 1947 10 Ogsil 27 1947
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years / Plonths Days   If less than one day	Immediate cause of death
Off 9 26hrs. min	myster del
KONKUR STORE	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business U. S. Uhrung	
12. Name Ame Tarray Va	Other conditions, Hereinstein
N/I/I	(Include pregnancy within 3 months of death)
14. Maiden name / Athense / Argunda de Maiser	Major findings of operations.
15. Birthplace Lauisvelle Ky	major inadiags of operations.  Dale of op.
18. Información Von Steinner- Sielt	Autopsy results.
Address 3400 Plyen Will &	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Premation Date thereof 4- 29-4	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or remove) Which?) (month) (day) (year)	Accident, suicide, or homicide
Gemetery or cremalified Company of Company o	Where did injury occur? (City or town) (Connty) (State)
Location Suttlement, Miles	Injured at home, farm, Industry, public place (where?)
18. Funeral director supph Jawlus Son	Means of Injury Injured at work?
Address 1756-la ave nu	Marin Beryle Dha
(14: 12.2 12 ( ) Al all	23. SIGNATURE M. D. ur uther
19. July 19 your les Charge	Male store 4/27/47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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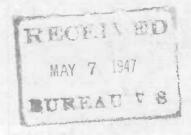
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MAY 1 1947

BUREAU V B

Evidence for the change MARYLAND STATE DE of age is shown on 2411 N. Charle	EPARTMENT OF HEALTH  os St., Baltimore (3)-(3)
TIM No. 6 1 1 MAY 21 1947 CERTIFICAT	TE OF DEATH Reg. Diat. No. 2/1
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred.  How long in hospital or institution? O. LERRAL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  State Maryland County Montgomery  City or town Rock ville, Maryland (If outside city or town limits, write RURAL and give nearest town)  Street No. 1024 Paul Drive,  (If rural, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME Harritt Moguelee	3. (b) Social Security Number None
4. Sex 5. Color or race 6. (2) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH 4/ 2 6/ 19.4.2 at 7/.5
8. (b) Name of husband or wite.  1. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  47 49 9 5 hrs. min.  9. Birthplace	and that I last saw h \( \) allive on \( \frac{1}{2} \) \( \frac{11}{2} \) \( \frac{11}{2
14. Maiden name Nary E. Ward  15. Birthplace M  16. Informant Address Rock note M.	(Include pregnancy within 8 months of death)  Major fiedings of operations.  Date of op.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically  22. VIOLENCE: It death was due to external causes, fill in the following:
17 Burial — Oate thereof 4/28/47 (Burial, cremation, or removal, Which?) Cemetery or crematory Darnestown Church Cemetery Location Darnestown, Maryland	Accident, suicide, or homicide



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

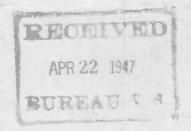
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

# CERTIFICATE OF DEATH

MV 01195 Reg. Dist. No. 2/8

(If	Mont Frmantown outside city or town li	mits, write F	OAL)	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of Maryland Co State Maryland Co City or town Germantown,	Montg Rural
	street address where		d:	Street No	s. write RURAL and give nearest town)
How long in hospital o	r Institution?		***************************************	2.(a) It veteran, name war	
3. (a) FULL NAM					3. (b) Social Security Number
			urtis Mann		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Male	White	Sin	gle	20. DATE DE DEATH 4/19/	1947 at 730P M
	or wife		e) It alive, give age	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased from
7. Birth date of deceased (mo., day, )		h 25t	, , , , , , , , , , , , , , , , , , , ,	and that t last saw halive on	A
8. AGE: Years	Months	Days	It less than one day	Immediale cause of death	DURATION
1899 4	3 0	14	hrsmin.	5 Jan Carrier	0 =
9. Birthplace	Lovettsvi		Va,	Due to Ruplem 1	ion Inden
1D. Usual occupation				na terribue co	Mean -
11. Industry or busines	John W.	Wann		Antiquemil	14mml
	Va,			Other conditions	V
14. Maiden name 15. Birthplace	Exic I	lough		(Include pregnancy within 3 s	months of death)
Address	xie Hous Derwood,		R F D,	Antopsy results Replement Ur PHYSICIAN: Please nuderline the cause to wi	hich death should he charged statistically.
Buri (Burial, cremation,	or removal, Which?)	Date there	4/22/47 of	22. VIOLENCE: It death was due to external cad Accident, suicide, or homicide	Ses, till in the tollowing;
Cemetery or crematory Luthern Cemetery  Location Va,				Where did injury occur?	(Quarty) (State)  (Cquarty) (State)  (Principles ## 2 40
18. Funerat director	Ernest aithersb		Md.	Masns of Injury / Littley auto	mAnaged at work?
Address  19 Aril O Date rec'd by res	7/ 1947 0	Ohra.	Les G Gorde Registrar	23. SIGNATURE	Bed Cent. Patt.  M. D. or other  Date signed 4/19/647



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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01196

# CERTIFICATE OF DEATH

		Reg. Dist. No.		
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH:  County Montgomery  City or town. Bethesda (rural)  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 days.  Hospital, institution, or street address where death occurred:  US Naval Hospital, Bethesda, Md.  How long in hospital or institution? 2 days  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
of of	MARKS, Walter Chapin  4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced  male W-US single	MEDICAL CERTIFICATION  20. DATE OF DEATH		
	S.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  22. April 19. 17, to 21. April 19. 17  and that I last saw h im alive on 21. April 19. 17  Immediate cause of death OURATION		
Supplease	8. AGE: Years Months Days It less than one day 66 1 15hrshrsmin.  9. Birthplace	(Cornery Great Disesse) 94a  Bue 10. Hypes Heusin; generalyd 103		
0 0	10. Usual occupation Government (retired)  11. Industry or business Internal Revenue	neart faileire; alidosis. 66 b		
MA UNF ant.	12. Name William A. Marks dec. 13. Birthplace Va.  14. Maiden name Julia Alexandra dec. 15. Birthplace Va.	(Include pregnancy within 8 months of death)  Major fiadiass of operations.		
NLY, WITH tecially imports	16. Informant Brother: Mr. Samuel Marks  Address 237 Rainey Avenue, St. Augustine, Fla	Provisional: Congestive Heart Failure & Antopay results.  PHYSICIAN: Please underline the cause to which death should be charsed statistically.		
M PLAI is esp	17. burial Oate thereof 11-28-17 (Burial, cremation, or removal, Which?)  Cemetery or crematory Ft.e Lincoln	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
'S A15 9.45.15 LEASE WRITE	Location Bladensburg, Md.  18. Funeral director S. H. HINES C. J.  Address 2901 lith St., N.W., Wash, D.G.	Injured at home, tarm, industry, public place (where?)  Mesans of injury  Injured at work?  Injured at work?		
5/5/47	19. 11-25 19. 17 Mary Charlotte Smith Registrar	Address USNH Bethesda, Md. Date signed 4-25-47		

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DE	ntgomery			(For newborn Infants give residence of	mother)	
Poth	sada (mina	1)		State D. C. County		
City or town	outside city or town I	imits write I	RURAL and give nearest town)	City or town. Washington (If outside city or town limits, write RURAL and give nearest town)		
How long in above plac	e of death? 6 mo	nths,	6 days			
Hospital, institution, o	or street address where	death occurre	the Manuel and	Street No. 3909 Kansas Aven	ue, Nobthwest	
			a, Maryland	(If rural, giv.	e LOCATION)	
The state of the s		month	s, 6 days	2.(a) If veteran, name war	.4.4	Y
3. (a) FULL NAM	IE				3. (b) Social Security N	umber
MARTIN	Har	-	(n)			
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	W-US		Divorced	20. DATE OF DEATH 17 April	19 47	1:35 Pm
0 (1) North of books	or wife Mrs.	Rose M	artin	21. I CERTIFY that death occurred on the date ab		
				Oct. 11 19	46 to 17 April	19.47
7 Right date of			(c) If alive, give ageyears	and that I last saw hi.M. alive on	April	19 47
deceased (mo., day,	yr.) April 1	5 <b>,</b> 190		Immediain cause of death		DURATION
8. AGE: Year		Days	If less than one day	Coronary des	churin	
	47 0	2	hrs min.	0		
e Rictholace Pe	nnsylvania			Due to a Possible	ambolus)	
	(1041)	county, and	atate)			
fD. Usual occupation	Student			Due to Ca Possible	Mumbus	
f1. Industry or busine						
置 12 Name Abr	aham Marti	n. Dec	<b></b>	Other conditions Ontest	al alkalination	1 due
f2. Name Abr	Pennsylva			to adhesional; not a (Include pregnancy within 8	he to cancer.	
	Sophia Gr	een		(Include pregnancy within 8	months of death) Que	
14. Maiden name	- Dopiita ut	aerr		Majar findings of operations		
≥ f5. Birfhplace	Iowa			0.2	DVE	
f8. Informanf	. Samuel I	. Fink	***************************************	Antopsy results. CONILITMED and	ove	
Address 126	South 56th	Stree	t. Phila. Pa.	PHYSICIAN: Please underline the cause to w	rhich death should be charged at	atistically.
				22. VIOLENCE: If death was due to external ca		
(Burial, crematio	on, or removal, Which?	Dafe fhe	reof 1-27-17 (month) (day) (year)	Accident, suicide, or homicide,	Dale of	
			ional	Where did injury occur?(City or town)	(County)	(State)
Location Arl	ington, Vi	rginia	**************************************	Injured af home, farm, industry, public place (	where?)	
		_	sly & DAH	Msans of injury	Injury of af work?	
Address 3501	Lith St.	NW. Wa	shington, D. C.	14 /		
4 0			2 2 1 1	23. SIGNATURE W.B.FORD LT	MC USN	other
19. april	18 19.47	man	Charlotto Smith	Address U.S. Naval Hosp.,		

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

eg, Diat. No.

1. PLACE OF DEATH: County Ontgomen	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn, infants give residence of mother)
County Silver Shring	State Md. County Montgomery
Cliy or town	City or town Silver S S S N in G (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
nospital, institution, or street address where geath desarross	Sireet No. 627 61ST AVE
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Anna Mayer	None.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married.	20. DATE OF DEATH A D N i 1 2 3, 19 47, at 9 - A. N
6.(6) Name of husband or wife. Julius E. Mayer	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(c) If alive, give ageyears	Jan 20 19.45, 10 4/25 19.47
7. Birth date of deceased (mo., day, yr.) Apr. 29, 1877	and that I last saw here alive on 4/22 1947.
8. AGE: Years   Months   Days   If less than one day	Immediais cause of death
69 11 24min.	occlision 4. The
9. Birthplace Alleghany (Pitts burg) , Pa.	Due to Tennesind arterior -
	schools 10 yrs.
10. Usual occupation H-Wife.	Oue to
11. Industry or business	
12. Name Charles Hauch 13. Birthplace Pa.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Julianna Pontius  15. Birthplace  Pa.	Major findings of operations.
5 15. Birthplace Pa.	Date of op.
16. Informant Julius E Mayer	Autopsy results
Address 627 Gist. Ave., Sil. Sprq., Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
, , , , ,	22. VIOLENCE: If death was due to external causes, fill in the following:
17. B.U.D. a. Oate thereof. A.P.V. 26, 1947. (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide, Date of
Cemetery or crematory CCdau Hill	Whera did injury occur?
Location Pr. Geo. Cy., Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director W.W. Chambers Co	Means of injury Injured at work?
Address 1400 Chapin St. NW. Wash, AC	D. H. Dulley m. D
ani 23 un Josephin In Schaerfer	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address 4200 - 751 N.M. Date signed 4/23/4;

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Jaco

# CEDTIFICATE OF DEATH

276

	CERTIFICAT	E OF DEATH Reg. Dist. No. 210
	1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	City or town	State D.C. Coucty  Washington  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 1407 W.Va., Avenue, N.W.
	U. S. NAVAL HOS. BETHESDA MD.  How long in hospital or institution? A days.	(If rural, give LOCATION)  2.(a) 11 veteran, name war. 2nd MM
	3. (a) FULL NAME	3. (b) Social Security Number
	Alexander Joseph MC ALISTER  4. Sex   5. Color or race   6. (a) Single, married, wildowed, or divorced male   W-US   single	MEDICAL CERTIFICATION  5 April 1947 4:35Am
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1 April 1847 to 5 April 1947  and that I last saw h im alive on 5 April 1947
	8. AGE: Years   Months   Days   If less than one day   26   8   3  hrsmin.	Immediate cause of death DURATION
	9. Birthplace Florida (Town, county, and state)  1D. Usual occupation Government	Due to.  Due to.
	11. Industry or business Government    12. Name Joseph McAlister   13. Birthplace Ireland	Other conditions
	14. Maiden name Catherine Callozay  15. Birthplace Scotland  16. birthplace McAlister	(Include pregnancy within 3 months of death)  Major findings of operations
	16. Intermant Mother: Mrs. Catherine McAlister  Address 11:07 W.Va., Avenue, N.W., Wash., D.C.  11. Burial (Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Acute Chronic rheumatic heart disease of the physician. Please deather the true to the standard of the physician. Please deather the true to the standard death the following:  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
	Cemetery or crematory Arlington National Cemete	Where did Injury occur?
)	Location Arlington Va.  18. Funeral director T. H. HANLON  Address 641 H. St. NW Wash D.	Means of Injury  Mans of Injury  Analysis of Injury  Mans of Injury  Mans of Injury  Mans of Injury  M. D. or other
	19. (Date rec'd by registrar) 1947 Mary Cha lo te mi	Address USNH Bethesda, Md. Date signed 14-5-17

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sist especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED WRITE

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2411 N. Charles St., Baltimore 83-0

# CERTIFICATE OF DEATH

Reg. Diat. No. 216

2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) Montgomery D.C. Bethesda (rural)
(If outside city or town limits, write RURAL and give nearest town) Washington (If outside city or town limits, write RURAL and give hearest town) Hospital, institution, or street address where death occurred: U.S.N.H. BETHESDA MD. Street No. 1901 Columbia Road, Apt. 401, (Ifrural, give LOCATION) 5 days How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Mary HUBBARD MC 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION W-US female widowed 20, DATE DF DEATH .... 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 31 March 1947 to 5 April 13-25-7 20 7. Birth date of November 25. deceased (mo., day, yr.) tf less than one day 8. AGE: .....hrs. (Town, county, and state) housewife tD. Usual occupation.... 11. Industry or business 12. Name ....... 12 Name Frank Evans New York 14. Maiden nat 14. Maiden name Adale Evans Major findings of operation New York 16. Informant daughter: Mrs. Jeanette Butler PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 1901 Columbia Road. N.W. Apt. 22. VIOLENCE: If death was due to external causes, fill in the following: 17. Burial
(Burial, cremation, or removal, Which?) Date thereof .... Accident, suicide, or homicide..... Cemetery or crematory Arlington National Cemeter There did injury occur? (City or town) Location Arlington Wa. injured at home, farm, industry, public place (where?) ..... Means of injury 18. Funeral director. Hines Funeral Director 2901 14th St., NW WASH. D.A.C. PARKER, Jr. Cdr. (MC)

Registrar

Address USNH Bethesda, Md.

Mary Charlot

RECEIVED . APR 19 1947

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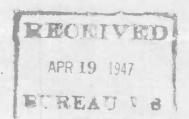
# VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57)

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Montgomery				Z. USUAL RESIDENCE (FICTURE) OF DELEASED:  (For newborn infants give residence of mother)		
City or town Bethesda				State Maryland County Montgomery		
How long in above place	of death?	5 vea	rs	City or town Bethesda (If outside city or town limits	s, write RURAL and give ne	arest town)
Hospital, Institution, or	street address where	death occurred		Street No. 4708 N. Chels		***************************************
				(If rural, give 2.(a) If veteran, name war		
		**************		2.(a) If veteran, name war		
3. (a) FULL NAME		GARET	TOWN OF A STRUCTURE DATE.	PC	3. (b) Social Security	Number
4. Sex	5. Color or race		RITZABETH MII		None	
Female	White	TAF	idowed			77.00
				20. DATE OF DEATH		
6.(b) Name of husband (	or wifeSte	ven A	<b>6</b>	21. I CERTIFY that death occurred on the date abo		
7. Birth date of		6.(0	t) it alive, give ageyears	and that I last saw h.C		
deceased (mo., day, yr		3, 18		Immediate cause of death	//	DURATION
8. AGE: Years	Months	Days	If less than one day	Broncho frueno		
8		7	hrsmln.		••••••	
9. Birthplace	Defianc (Town,	eounty, and	i O	Due to	***************************************	•
10. Usual occupation	Housewi	f.e		Due to		
11. Industry or business						**
12. Name				Other conditions Kuptored Black	agent Vone	
13. Birthplace	Belfast			(Include pregnancy within 3)	months of death)	
14. Malden name	Isabell	e Tay	lor	Major findings of operations		
2 15. Birthplace	Belfast	Ire	land			
16, Informant .Mr.S.	Minnie	В. М	yers	Antopsy results		
Address 470	8 N. Che	lsea	St., Bethesda			statisticany.
17. Burial Date thereot 1/11/17 (Burial, cremation, or removal, Which?)				22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide		
(Burful, cremation, or removal. Which?) (month) (day) (year)  Cemetery or crematory. Odd Fellows Cemetery.						
Cemetery or cremator				Where did injury occur?(City or town)		
Location Marengo, IOWA				Injured at home, tarm, Industry, public place (w	Injured at work?	>> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
18. Funeral director Celebratic Telephone				- O -		
Address 7557 Wisconsin Ave., Bethesda,				23 SIGNATURE Struct. be	Seri amin Mi	9
19. 4/11 1047 Min & Jobres				Math de 15	0 6	or other
19. (Date rec'd by registrar)				Address Chemon 174	Med Date signed.	



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2411 N. Charles St., Baltimore 637

# CERTIFICATE OF DEATH

Rog. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town	State Terangland copyry Worlgroup
	City or town.
Now long in above place of death?	(If outside city or toyn limits, write BURAL and give nearest town)  Street No. 4/85 Chester Chan, Slove
nospital, institution, of street address where death occurred:	
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veterall, name war.
3. (a) FULL NAME	3. (b) Social Security Number
William Robert Moffet	J. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married.	20. DATE OF DEATH April 23 19 47 21 5:00 P.
Pink & Wellett	
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 7 P 90	9/23 19.5 10 4/1/ 10.57
	and that I last saw h All alive on 19.2
deceased (mo., day, yr.) / COO / ,	Immediate cause of death
8. AGE: Years Months Bays If less than one day	Thyrotopic Heart Destroe
56 5 16hrsmln.	
Marylend.	
9. Birthplace Marylend (Jown, graphy, and stay)	Due to.
A STAL FIRM	
10. Usual occupation	Bue to
11. Industry or business	
El Robert Wolfelt	Wester of live
12. Name Probert Woffelt  13. Birthplace Virgina	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Oligofalk Johnson  98 15. Birthplace Walshaud	(include pregnancy within 5 months of death)
	Major findings ol operations.
21 15. Birthplace	
16. Informant Wy Ture & Moffell	Autopsy results
Address 4956 chevre Chase.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / // A // // A // A // A // A // A /	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide
M D T 7 7 Pa	
Cemetery or crematory Complete Management &	Where did injury occur?
Location averaging Va	Injured at home, farm, industry, public place (where?)
18. Funeral director The S. H. Hisse Co	Means of Injury Injured at work?
Address 2901 148H St MW.	Of Toppale - m. A
The EOD	23. SIGNATURE
(Date rec'd by registrar)  (Date rec'd by registrar)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

01204

# CERTIFICATE OF DEATH

Reg. Dist. No. 2//

County Clagettsville Rural	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Montgomery  Clagettsville, Md. Rural (If outside city or town limits, write RURAL and give nearest town)  Street No		
City or town			
How long in hospital or institution?			
3. (a) FULL NAME LeRoy Moxley	3. (b) Social Security Number 219-20-4905		
4. Sex Wale Scolor or race White Married Married	MEDICAL CERTIFICATION  2D. DATE DF DEATH ADDI 18 47 , 21 7: 45 A: M		
8.(b) Name of husband or wife Frances W. Moxley  6.(c) If allve, give age 54  7. Birth date of deceased (mo., day, yr.)  Aug. 29. 1889	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 47.  and that I last saw h PPM, alive on 19.47.		
8. AGE: Years Months 19 If less than one day 7 19 If less than one day hrs	Due to Table 18 18 18 18 18 18 18 18 18 18 18 18 18		
10. Usual occupation	Due to		
Robert Moxley  12. Name	(Include pregnancy within 8 months of death)  Major findings of operations.		
Frances W. Moxley  Address Clagettsville. MD.	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial Date thereof April 20192  (Burial, cremation, or removal, Which?)  Cemetery or crematory Montgomery	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Location Clagettsville, Md.  18. Funeral director Roy W. Barber	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?		
Address Laytonsville, Md.  18. Chirl 20 19 47 Della W. Burtette (Dafe ree'd by registrar)  Registrar	23. SIGNATURE M. D. or other  Address. Date signed		



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information carefully.

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7. Sirth date of

8. AGE:

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Address

(Date rec'd by registrar)

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 2/6 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Montgornery How long in above place of death? Since March 31, 1947 Hospital, Institution, or street address where death occurred: Varnum St. M. L -8600 Old George tou Suburban Hospital (If rural, give LOCATION) How long in hospital or Institution? Sincerviar, 31, 1947 Bethesda 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION hristian Muller Dec 21. I CERTIFY that death pacurred on the date above stated: . 6.(c) If alive, give age ...... years deceased (mo., day, yr.) If less than one day Shington D. (Town, county, and state) 18. Usual occupation.... 11. Industry or business 12 Name Michale Hedderman Ireland 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following Date thereof. month) (day) (year) Where did Injury occur? ...... (City or town) Injured at home, farm, Industry, public place (where?) .... Means of Injury injured at work?



2411 N. Charles St., Baltimore

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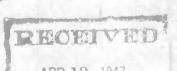
CERTIFICAT	TE OF DEATH Reg. Dist. No. 266
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Hospital, Institution, or street address where death occurred;  Sulus Constitution And Franchist How long In hospital or institution?	Streel No
3. (a) FULL NAME  1. Color or race 5. Color or race 6. (a) Single, married, widowed by svorced	MEDICAL CERTIFICATION  April 7 47 7 35
6.(b) Name of husband or wife	20. DATE DF DEATH
8. AGE: Years Months Days It less than one day  4. 15	Immediate cause of death  DURATION  DURATION  DURATION
B. Birthplace	Due to Dealettes McClates 10275
11. Industry or business  12. Name Augustus Sreener  13. Birthpiace Elmura 77.74.	Diher conditions Appendix 15 yrs.  (Include pregnancy within 3 months of death)
14. Maiden name Assura Hollbrau  15. Birthplace Elsura, N. 4.  16. Informant Rep Revealed	Major fiediogs of operations.  Date of op.  Date of op.
Address  17. Guestian, or removal. Which?)  Cemetery or crematory. Dock U. I.E. CEMETERU	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
18. Funeral director The S. D. W. Wash O. C.	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?
19. (Date rec'd by registrar) 18. X Z Registrar	23. SIGNATURE M. D. of other  Address Colonelle Mul Date signed Jul C

FADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legitly

PLEASE WRITE PLAINLY,

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2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

()1216 Rog. Dist. No. 2/2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of methor)
County Mantgomery	
(If outside city or town limits, write RUMAL and give nearest town)	State Maryland County Montgoniery
(If outside city or town limits, write RUYAL and give nearest town)	City or 10wn (If outside city or town limits, write RURAL and give neurest town)
How long In above place of death?	(if outside city of town finits, write NORAD and give nearest town)
nospital, institution, of street address where death southers.	Street No
	2.(σ) If veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
James Henry Morris	
4. Sex 5. Color or race 6(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W married	20. DATE OF DEATH CHOCK 28. 19.47 01.6 AM
JI V MAFTIEG	
8.(b) Name of husband or wife 170718 D. DOTTIS	21. I CERTIFY that death occurred on the date above stated; that latended deceased from
	may 1943 11 16 Obril 28, 1147
1 7 Right date at	and that I last caw h. A.M. alive on Concuration 18.449
deceased (mo., day, yr.) une-6-1863	Immediate cause of death.a. DUBATION
8. AGE: Years Months Days If less than one day	Deute Coronary Promons 12 Forms
83 10 22hrsmln.	
9. Birthplace Pooles VIII e Tro 7779, Co. Mc	Due to Chronic myocaraus
(Town, county, and state)	
10. Usual occupation Retired U.S. Gov.	Rhumatica Tener 6 W/2
11. Industry or business bost Octice	(a colled)
	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name may garet Love	
15. Oiritplace Maryland.	Major findings of operations.
	Date of op
16. Informant Mrs James H. Dorris	Autopsy results
Address 30Vd. Md.	
Burla / Dry 30-4	722. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory TOOTOCACY	Where did injury occur? (City or town) (County) (State)
Boolloville Md	Injured at home, farm, Industry, public place (where?)
Location / Decarion	Means of Injury Injured at work?
18. Funeral director. W. J. J. L. O. TTT B. IT. J. T. D. TT	mostis of thirty
Address Barzzesxille Md	( Internal ) / Musso M. IT
man and Mich	23. SIGNATURE M. D. or other
13. april 29 19 47 Mrs. C. C. Willow	Dawton Calle Md not all 4/201/119
(I) of a rec'd by registrar)	II AGGress

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. H)MARGIN RESERVED FOR BINDING

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(Date rec'd by registrar)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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C.	200	4	1,7	6	

216 Reg. Dist. No...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Sigle County County		
County Montgomery			
City or town Bethesda (rura)			
How long in above place of death?3. days	City or town		
Hospital, Institution, or street address where death occurred:	Street No. 902 Penick Avenue		
US Naval Hospital, Bethesda, Md.	(If rurol, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war. 2nd WW.		
3. (a) FULL NAME	3. (b) Social Security Number		
ORR, John Parley, Campor	TSW.		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION		
male W-US SINGLE	20. DATE OF DEATH. 15 April 19 47 31 10:45A		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	12 April 19 47 to 15 April 19 47		
7. Birth date of	and that I last saw h im alive on 15 April 19 47		
deceased (mo., day, yr.)  June 20, 1912	Immediate cause of death Cerute Agnalia DUBATION		
8. AGE: Years   Months   Days   If less than one day	insufficiency Johns		
34 9 25hrs.	min.		
Ohio	Due 10 sente Herotitos 8 days		
9. Birthplace			
10. Usual occupation. Gumer	Due to Unknown		
11. Industry or business US Navy			
F 12. Name John Parley ORR, Sr.	Diter conditions-acrete yellow ating by in aum		
12. Name John Parley ORR, Sr.	0, 30		
	(Include pregnancy within 8 months of death)		
Stella ?  14. Maiden name Stella ?  unknown  15. Birthplace	Major fiediogs of operations.		
	Acute hepatitis with cholemia and		
16. Informant Mother: Mrs. Stella Maxwell	Actopsy results. Lerminal Dronch one unonia.  PHYSICIAN: Please moderline the cause to which death should be charged statistically.		
Address 1516 Main St., Davenport, Iona			
	22. VIOLENCE: If death was due to external causes, 11% in the following:		
17			
Cemetery or crematory	Whera did Injury occur?		
Location Chariton, Iowa	injured at home, farm, industry, public place (where?)		
Ni d W	Manual talium		
18. Funeral director W. W. CHAMBERS	La Brother.		
Address 1400 Chapin St. N. W. Wash. D.C.	/ / / / / / / / / / / / / / / / / / / /		
4-16 ,47 Mary Charlotte Smi	23. SIGNATURE L. GUNTHER, Cdr. (MC) USN USN USNH Bethesda. Md.		

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APR 25 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-10

CERTIFICAT	LE OF DEATH Reg. Dist. No. 20 5
1. PLACE OF DEATH:  Coonly MONTGOMERU	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town Washington D.C.  (If outside city or tool limits, white RURAL and give nearest town)
How long in above place of death? Hospital, institution, or street address where death occurred:	Street No. 27/9-Ontario Road (If rural, give LOCATION)
How tong to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME ANNIE	DWEN 3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced wells.	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  1947, at 1250
6.(6) Name of husband or wife W. O. O. WEN  February 18 1856.(c) If alive, give age	21. I CEBIFY that death occurred on the date above stated: that I attended deceased from  March 1911, to find the last above stated: the stated deceased from 1811.
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	and that I last saw h
89min.	asiene disease de 23 yr
8. Birthpiace (Town, county, and state)  10. Usoal occupation / ON =	Due to Chrance myscardilis.
11, Industry or business	Due to.
12. Name JAMES CHALMERS 13. Birthplace VA.	Dither conditions
# 14. Maiden name Fanne Saunders	(Include pregnancy within 3 mnnths of death)  Major findings of operations.
15. Birthplace V9,	Date of op.
Address 27/9-Ontario Road	Antopsy results.  PHYSICIAN: Please moderline the cause to which death should be charged statistically.
17. Bereal, Care State of Care	Accident, suicide, or homicide
Cemetery or crematory arlangton net:	Where did injury occur?
ts. Funeral director Jan Garulus Sans	Means of injury injured at work?
Address 1756 Rannave ( M. Washington )	23. SIGNATURE CPRyland MD
19. 4-15 19.47 Whatley Registrar	Hans Manager Alus
	Wash 16 V (

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ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

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# CERTIFICATE OF DEATH

21.6 Reg. Diat. No....

1. PLACE OF DEATH:  County Montgomery  City or town Bethesda (rural)  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 6 days  Hospital, institution, or street address where death occurred:  US Naval Hospital, Bethesda, Md.  How long in hospital or Institution? 6 days  3.(a) FULL NAME  PARHAM, Edward Derwyn			URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
4. Ses	5. Color or race	1,60	e, married, widowed, or divorced	MEDICAL	L CERTIFICATION	
male	Col		widowed	20. DATE OF DEATHApril 8		6:05A
	Ion	. 22, ]		years and that I last saw hi.M. alive on	19.47 , 10.8 Apri 8 April	] 19 147
O. AGE.	ears Months	Days 16	It less than one dayhrs.	min.	enoulage	- 6days
10. Usual occupation in the state of the state occupation in the state occupat	iness Eramus Parh Va. Martha Va.	am		(include pregnancy with	Thy reservity	
Address 112 17	28 6th St., al tion, or removal. Which matory	Date then ton Na. Va. chey,	eof. 11-117 (month) (day) (year) ti onal Inc. W.E.A	PHYSICIAN: Please underline the cause  22. VIOLENCE: It death was due to estern Accident, suicide, or homicide  Where did injury occur?	to which death should be charged and causes, fill in the tollowing;  Date of  (County)  (ce where?)  Injured at work?	(State)
Address 424 R. St., N.W., Wash., D.C.			23. SIGNATURE G. H. MCMIII	LLAN, Capt. (MC)	USN D. or other L-8-47	

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APR 19 1947

BUREAL &

# CERTIFICATE OF DEATH

1. place of DEATH:  county  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 30 yrs  Hospital, institution, or street address where death occurred:  52 Beech Avenue,  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  County Montgomery  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No. 52 Beech Ave.,  (If rural, give LOCATION) None  2.(a) If veteran, name war
3.(a) FULL NAME POORE, WILLIAM R.	3. (b) Social Security Number None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Married   Married	MEDICAL CERTIFICATION  2D. DATE DF DEATH. ADRIL 8, 1947 21 4:00 A)
6.(b) Name of husband or wife Katherine L.  7. Birth date of deceased (mo., day, yr.) September 14, 1874  8. AGE: Years Months Days If less than one day  72 6 24 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1942.  and that I last saw August alive on 1942.  Immediate cause of death DURATION
9. Birthplace Washington, D. C. (Town. county, and state)  10. Usual occupation Retired  11. Industry or business    12. Name John w. Poore   13. Birthplace Washington, D. C.	Due to
14. Matten name Mary Allen 15. Birthplace Washington, C. 16. Informant Mrs. Katherine L. Poore Address 52 Beech Ave., Bethesda, Maryla	(Include pregnancy within 3 months of death)  Major findings of operations
Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory St. Marys Catholic Cemetery  Location Rockville, Maryland	1 C 22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director ( M. Reuben Trumphree  Address 7557 Wis. Ave.) Bethesda, Mary Ja  19. 419 (Date ree'd by registrar)  19. 77 (Date ree'd by registrar)  Registrar	Means of Injury  Injured at work?  Ind  23. SIGNATURE  M. D

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH
MUNITUMIA	DIVIT	DEI WILLIAM	O.	III LOCAL III

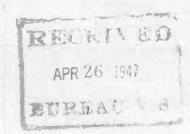
2411 N. Charles St., Baltimore 30-4

01211

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Montgomery	1 1	
City or town ONEY, Mary and (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Heward	***************************************
	City or town	***************************************
How long in above place of death?	(If outside city or town limits, write RURAL and give near	rest town)
The Montgomery County general Hospital Su	Street No.	,
	(If rurel, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME	3. (b) Social Security 1	Number
Florence Powell		
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
- 1 0.1 M		1.1.
Female Col. Married.	20. DATE OF DEATH THE P. Y. 1 4 1947	, at . 1.3 H 1
6.(6) Name of husband or wife Edward Powell	21. I CERTIFY that death occurred on the date above stated; that I attended decea	
	October 1946 10 April	4 19.47
7. Birth date of	and that I last saw h &	19.4.2
deceased (mo., day, yr.) May 30, 1902	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Immediate fame as death.	- Constitution
44 10 4hrsmin.	Uremia	2 days
9. Birthpiace Howard Co. Maryland	Due to Hop artension cardio vasca-	
(Town, county, and atete)	las tanal disease	14800
10. Usual occupation Housewixe		
11. Industry or business Home	Due to	
	1 . H. 4.10 D.	36-
E 12 Name William yourg	Other conditions fugte ant ns	13473
13. Birthplace Howard 1Co. Md	(Include pregnancy within 3 months of death)	
14. Maiden name. Margaret Porter 15. Birthplace Howard Co. Md.		
15. Birthplace Howard Co. Md.	Major findings of operations	
	Date of op	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16. Informant Hospital Records	Autopsy results.	
Address	PHYSICIAN: Please noderline the caose to which death should be charged a	tatistically.
A . ' A	22. VIOLENCE: If death was due to external causes, flil in the following:	
(Burial, cremation, or removal, Which?)  Date thereot. 4-7-4-7 (month) (day) (year)	Accident, suicide, or homicide	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT
Cemetery or crematory Bushy Porks	Where did Injury occur?	***************************************
CA a		
Location Lewwood Mg	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director J.C. Nig whathom	Means of Injury Injured at work?	
Address Ellusit lety med	23. SIGNATURE Charles S. Whitake	M.D.
24-4- 47 mt 1.12 toule	A 1 1 M. D. O	or other /
19	Address Clarks ville md Date signed.	4/4/47



# MARYLAND STATE DEPARTMENT OF HEALTH

11	N.	Charles	St.,	Baltimore	93-2
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CEDT	IEIC.	ATE	OF	DE	ATL

NACTOR DEATH	2 TISHAL PESIDENCE (HOME) OF DECEASED.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Pothosda (minal)	State D.C. County
City or town Bethesda (rural) (If outside etty or town limits, write RURAL and give nea	We what was the se
How tong in above place of death? 7 days	Gify of 10wh. (15 outside sity or fown limits, write RURAL, and give nearest town)
Hospital, Institution, or street address where death occurred:	1769 Willard St., N.W.
US Naval Hospital, Bethesda, Md.	(If rural, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war. Lst. WW.
REED, Walter Lemuel	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or	or divorced MEDICAL CERTIFICATION
All Value V	dowed 20 DATE OF DEATH April 11 19 47 21 8 PM
2nd 6.(b) Name Miss Mrs. Maude L. Reed	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
	7 April 19 47 10 11 April 19 47
7. Birth date of Tonoscore 2 1878	years and that I last saw h im allye on 11 April 1947
7. Birth date of deceased (mo., day, yr.)  January 3, 1878	Invalidation of death Ureas in
8. AGE: Yeare Months Daye if less than one d	Congestive Heart Failure 4 mo.
69 3 11hrs.	min.
9. Birthplace S.C. (Town, county, and state)	Due to Hypertension, Severe 4-5 yr
\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*	
10. Ueuat occupation unknown	Bus to
11. Industry or business	DUC 10.
트 12. Name Harry Reed dec.	
C. 10. Dittiplico	(Include pregnancy within 3 months of death)
14. Malden name Mitildia Wallace dec.	Major findings of operaboos.
15. Birthplace S.C.	Date At op.
16. Informant Son: Mr. Edward Reed	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1769 Willard St., N.W. Wash.	D.C.
Cemetery or crematory Arlington National	Where did Injury occur?
Location Arlington, Va.	
	Injured at work?
18. Funeral director Frazier Funeral Home	The state of myself of the state of the stat
Address 389 Rhode Island Ave. W. Has	M.D.d. II TO OFFICE TA (==) (MO) HOND
V00 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Meane of injury  1. C. Stevens, Lt (jg) (MC) USNR  23. SIGNATURE H. L. C. STEVENS, Lt. (jg) (MC) USNR  M. D. or other
19. 4-15 1947 Mary Charlotte	Registrar Address USNH Bethesda, Md. Date eigned 11-15-117
(Date rec'd by registrar)	Date digital

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RIBOSI VANA APR 25 947 MARGIN RESERVED FOR BINDING

rrect age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BFA

01212

# CERTIFICATE OF DEATH

eg, Diat, No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY of	State Md. County/Montgomer 4
City or town. (If outsidy city or town limits, write RURAL and give nearest town)	Chevy Chase, md
How long in above place of death? 25 7 cars	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 6 40 3 Ceorgia St
	2.(a) If veteran, name war.
How long in hospital or institution?	3. (b) Social Security Number
MADO NOTT M	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	0 10 10 14 100
FM White Widow	20. DATE DF DEATH CEPTER 18 18 9 1, at 6 75
8.(b) Name of husband or wife a. T. Kenoe	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
	april 3 1947 4 april 8 1847
7. Birth date of	and thet Dast saw h. L. alive on
deceased (mo., day, yr.)  8. AGE: Yeara   Months   Days   ti less than one day	Immediate cause of death DURATION
74 8 6nrs. min.	
	Marke sellense
8. Birthplace (Town, county, and state)	Due to
1D. Usual occupation. House wife	and all and artisis
11. Industry or business	Due to
12. Name JAMes Dougherty	Diber conditions
12. Name I reland	
14. Malden name Mary Sharkey	(Include pregnancy within 8 months of death)
-TT	Major findings of operations have
≥ 15. Birthpiace	Date of op.
16. Informant James L. Loughert 7	Aniepsy results
Address 3606 Quesada St. N.W.DC	
	22. VIOLENCE: If death was due to external causea, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof(month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 57777775	Where did injury occur?
Location Lord 1ac, Ilh.	Injured at home, farm, industry, public place (where?)
Va D Production	Means of tnjury Injured at work?
18. Funeral director	60 8/2 1 1/d Lodz
Address 3/1 So. Cast. O.C.	23. SIGNATURE ( ) LOCALITY Of QUELY LIGHT
19. 4/18 19 47 9/m 6 Deles	Address / 9/2 - R. St. n W. Date street 18,19
(Date rec'd by registrar) Registrar	Address.d

MARIA SE TENEVISION STATE OF A PERME

NEWSON TO STAD PRIVATE

RECKET 25 1947

RECKET 25 1947

APP 25 1947

, 4108

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty montgomery	State TMATULAND County Montgomery
(If outside city or town limits, write RURAL and give nearest town)	li i
(If outside city or town limits, write RURAL and give nearest town)	City or town. Sethesda (If outside city or town limits, write RURAL and give nearest town)
w long in above place of death? Since 3-22-47 spital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give hearest town)
burban Hosp-8600 Old George bown F	Street No. 4619 Highland AVE
1801 Och 1000 12 22 1/2   Fabrack	2.(a) If veteran, name war. World War I
w long in hospital or institution? Sivice (3-22-47) Rethresd	
.(a) FULL NAME Lee	3. (b) Social Security Number 579-03-0094
Mr George Roomey	579-03-0094
Sex   5. Color or race   S.(a)Single, marriet, midaxed, or discreed	MEDICAL CERTIFICATION
	00
ng u	20. DATE OF DEATH 4- 2 19.4.7 21/I
(6) Name of husband or wife Elsie H. Roomey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 48 years	march 25 1947 10 april 2 19 4
Right date of	and that I last saw h
deceased (mo., day, yr.) 100., 22, 1877	Immediate cause of death artenoclesotic OURATIO
B. AGE: Years Months Days If less than one day	heart Viscare ?
69 7 10hrsmin.	
9. Birthplace	Due 10
0. Usual occupation Newspaper Printer	
0. Usual occupation	Oue to
1. Industry or business 1111165 1161 ald 1 apc1	-
12 Name Michael J. Rooney	Other conditions
13. Birthplace Sligo Treland	
	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth Corcoram  15. Birthplace Bhooklyn, N.H.  Mrs. Elsie R. Rooney	Majur findings of operations.
E 15. Birthplace 1300 Klym, I.W.	Oate of op.
16 Informant Mrs. Elsie R. Rooney	Autupsy results
10. I HI OTHER TOTAL CONTROL OF THE PROPERTY O	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4619 Highland Ave. Bethesda, Md	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Apr. 5, 1947  (Burial, cremation, or removal. Which?)  Oate thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)  And in the control of the	The Table and I believe agains?
Cemetery or crematory Arlington National Cemete.	TyWhere did injury occur? (City or town) (County) (State)
Arlington, Virginia	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
1B. Funeral director	
Address Bethesda, Maryland	It It and for mo
7 0	23. SIGNATURE MM, D. or other
19. 4/3 1947 Mm & John Registrar)	Address 7425 Wis correin Date signed 4/3/4
(Date rec'd by registrar)	Addiess.

UNFADING INK. Supply every item of information carefully,

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A15 SA



24

PLAINLY, WITH UNFADING INK. Supply every item of information care! is especially important. Physicians: please write the causes of death clearly

BINDING

FOR

MARGIN RESERVED

# CERTIFICATE OF DEATH

216

			Keg, Dist. I	10
(If outside city or How long in above place of death? Hospital, institution, or street addres US Naval Hospi	tal, Bethesda, Md. llday	e nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	ivs nearest town)
	ROUTT, Willa			
4. Sex 5. Color or r	ace 8.(a)Single, married, widow	ed, or divorced	MEDICAL CERTIFICATION	N
male W-US		d	20. DATE OF DEATH23. April	.47., at 3:30A M
7. Birth date of	6.(c) If alive, give 24	geyears	21. I CERTIFY that death occurred on the date above stated; that I attend  12. April 19. 147, to 23.  and that I last saw h. im. alive on 23. April	April 1947
	1y 13, 1890	non day	Immediate cause of death	
8. AGE: Years Months			wewig	7 days
9. Birthplace	(Town, county, end atate)  rk  aleigh Hotel		Due to Carcinamioni	unknou
	L. Routt (dec)		Dther conditions	
	Ann Tremble (d	ec)	(Include pregnancy within 3 months of death)  Major findings of operations	
	. Neva Routt , N. W., Wash.,D.		Actorsy results Carter grant of night swater 9 After PHYSICIAN: Please underline the cause to which death should be c	darged statisticady.
17burial(Burial, cremation, or removal.			22. VIOLENCE: It death was due to external causes, till in the tollowing Accident, suicide, or homicide	
	lington National	•••••••	Where did injury occur? (City or town) (County)	
Location Arlingto	MI		Injured at home, farm, industry, public place (where?)	
1B. Funeral directorW.aW.a	CHAMBERS / E	47	Means of Injury Injured at wor	R F
	n St., N. W. Wash	Smith	23. SIGNATURE R. L. FLECK, Lt. (MC)	USN M. D. or other
19. 4-23 19 (Date rec'd by registrar)	47 Mary Charlot	te Smith	Address USNH Bethesda, Md. Date	

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MAY 6 1947

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MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: County Mont

How long to hospital or Institution?. 3. (a) FULL NAME

Years

1D. Usual occupation. Douseur

(Burial, cremation, or removal, Which?)

Marie

7. Birth date of deceased (mo., day, yr.)

11. Industry or business

13. Birthplace

14. Maiden name....

Cemetery or cremator

14. Maiden na 15. Birthplace

16. Informant Address ##

Location

18. Funerat director.

8. AGE:

How long in above place of death? 17 species Hospital, Institution, or street address where death occurred:

WRITE

ASE

# A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 23-00

# CERTIFICAT

ave Slen Echo, mo

married

23

(Town, county, and state)

Date thereot..

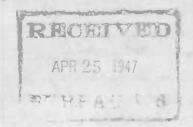
6.(c) It alive, give age ......

If less than one day

4-24-(month) (day)

Registrar

7	E OF	DEATH		Reg. Dia	at. No2	16
		L RESIDENCE (I			1	
	State	md	Copyoty	·		****************
	City or tow	n. Llen	Echo,	write RURAL	apd give nearest	_town)
	Street No. # 1 Harred On a Man Echo mid. (Ifrural, give LOCATION)					
	2.(a) If vei	teran, name war				• • • • • • • • • • • • • • • • • • •
-				3. (b) Socia	l Security Nu	mber
						Shirt in
		ME	DICAL CER	RTIFICAT	TION	
	2D. DATE DI	F DEATH	pril	21	19.4 / 1	11%.
	21. I CERT	FY that death pacurre	d on the date above	stated: that La	ttended deceased	trom
	a	FY that death occurre	19 194	7 to a	pril	2/194/
	and that I	ast saw h.l. ati	ve on ap	hil -	21	19.4.7
l		crose of death				DURATION
	13	rnici	ous a	nem	ia h	uka
l	Due to					· ou
	Due to					
	***************************************					
	Other condi	tions				***************
	***************************************	(Include pregr	nancy within 3 mo	nths of death)		
	Major find	ings of operations				
	*************			Date	of op	***************************************
		esulis	the cause to whic	h death should	be charged stat	istically.
22. VtOLENCE: It death was due to external causes, till in the toll-					owing;	
		ulcide, or homicide		D	ate of	********
Where did Injury occur?					state)	
						***************************************
l	Msans of Ir	njury		Injured a	at work?	
-	23. SIGNA	TURE F. 7	n. m	Chi	sney.	m.D.
1	23. SIUNA	· vnc	- / - //		M. M. or o	ther /

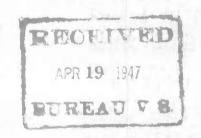


# CERTIFICATE OF DEATH

2411 N. Che	arles St., Baltimore 93-2
CERTIFICA	ATE OF DEATH Reg. Dist. No. 216
1. PLACE OF DEATH:  County Montgomery  City or town. Bettle Sda  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 6 weeks, 43 days  Rospital, institution, or street address where death occurred:  Suburban Hospital  How long in hospital or institution? 6 weeks, 43 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Mayyland County Montgomery City or town Rock Ville (If outside city or town limits, write RURAL and give nearest town)  Street No. 108 N. Adams St.  (If rural, give LOCATION)  2.(a) If veleran, name war.
3. (a) FULL NAME Shook, Mrs. Anna 1	3. (b) Social Security Number
Female White Widowed or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH A DY 1 13 19 47 21 15 A
6.(b) Name of husband or wife	21. t CERTIFY that death occurred on the date above stated; that t attended deceased from  I b and of g 2 c 19 KZ, to p 2 c 19 KZ  and that I last saw h. Et. alive on a first p 2 c 19 KZ  Immediate cause of death  DURATION  One see
B. Birthplace Wheeling, West Virginia  10. Usual occupation. House wife	Due to.
11. Industry or business    12. Name   Robert Griftin   Ohio   State   Ohio   State   Ohio   State   Ohio   State   Ohio   Ohio	Dither conditions G.f. J.f. f. a. Sc. leco J.i. gangread  G.f. f.f. Soot  (Include pregnancy within 3 months of death)
14. Maiden name Sara Graves  15. Birthplace  West Virginia  16. Informant Suburban Hospital Records	
Address Bethesda, Maryland  17. Burial Date thereot April 16, 1 (Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Antoppy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide.  Date of
Cemetery or crematory Congressional Cemetery Washington, D. C.	Where did injury occur?
18. Funeral director Walker Hemphrey  Address Bethesda, Maryland  19. (Date ree'd by registrar)  18. 47. 2/m & Jeles  (Date ree'd by registrar)	23. SIGNATURE Bankard Moderation M.D. or other
(Date rec'd by registrar)	rar   Address Date signed

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PLEASE WRITE PL VS A15



1 /.				St., Baltimore 468		U.	1217
CERTIFICATE OF DEATH  1. PLACE OF DEATH:  2. USUAL RESIDENCE (HOME) OF DEATH				Reg. Dist. No	***************************************		
City or town	ickerso	HTS	1	, ,	S give residence of r	nother)  No 77 to 18  So 77 to 18  So 77 to 18  Write RURAL and give n	Y .
How long in hospi	lal or institution?		***************************************	2.(a) If veteran, name war		***************************************	***************************************
3. (a) FULL N	Benjami	n Frank	lin S	hreve		None	y Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or Widowed	divorced	20. DATE OF DEATH	210	RTIFICATION	1 , at 6 : 0 + 1
6.(b) Name of hus		ras-Shr		21. I CERTIFY that death occ	erred on the date abou	re stated: that I attended de-	
7. Birth date of deceased (mo., )	11.			Immediate cause of death			19
G. Piribalage	85 /	18hrs.	mln.	Caremon	u js	tmark	7 m
10. Usual occupat	tion /dr 77	county, and state)		Due to			
11. thdustry or bu	aniel ;	T. Shreve	D	Dther conditions			
14. Malden n		oret for	es	(Include p.	regnancy within 3 m		
16 Informant Mrs Eulia F	a Fisk		Autopsy resultsPHYSICIAN: Please under	•••••		d statistically.	
Address A	),ckers		129-47	-22. VIOLENCE: tf death wa Accident, suicide, or homicid	es due to externat cau	ses, fill in the following:	
11 / 120 :				Where did injury occur?			
18. Funeral direct	7	1. 18. Hill	4077	Magne of Injury		Injured at work?	
Address &	ornes	11/10/19	9	23. SIGNATURE	of freed	and the sales will be sales and a sales and a second	), or other



VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137

01218

# CERTIFICATE OF DEATH

Rog. Dist. No.....

1. PLACE OF DEATH:  County Nont Comery  City or town Lew's delle  (If outside city or town limite, write RURAL and give nearest town)  How long in above place of dealh?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
Home - Lewisdale, Md.	Sireet No. R. F. D. MONROVIA (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3.(a) FULL NAME Glenwood Curtis Smith	3. (b) Social Security Number None		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Single	MEDICAL CERTIFICATION  20. DATE OF DEATH April 5 19 47 at 9 p.m		
6.(b) Hame of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from Apr il 5, 1947 to April 5, 1947 and that I last saw h im alive on April 5, 1947		
8. AGE: Years Months Days If less than one day 26 9 28	Massive pulmonary hemmorhage 20 minu (Tuberculosis) tes		
9. Birthplace Lewisdale, Monto, Co., Md.  (Town, county, and state)  10. Usual occupation. Barber  11. Industry or business  12. Name. Harry McKinley Smith	Due to		
13. 8irthplace Montgomery Co.  14. Maiden name Margaret D. Snowden  15. 8irthplace Frederick Co.  16. Informant Harry McKinley Smith	(Include pregnancy within 8 months of death)  Major findings of operations. Partial lobectomy 1942  (Freedmen's Hospital) Date of op. 1942  Autopsy results.		
Address Monrovia, Maryland,  Burial  (Burial, cremation, or removal. Which?)  Cemelery or crematory  Cemelery or crematory	PHYSICIAN: Please underline the cause to which death shoold he charged statistically.  WAS IN HENRYTON TOC San 1929 1938 22. VIOLENCE: If death was due to external causes, full in the following: 1940  Accident, suicide, or homicide		
Location Roy W. Barber  18. Funeral director Roy W. Barber  Laytonsville, Md.  19. Chil X 19 47 Della V. Buta  (Data recid by recistrar)  Registrar  Registrar	Injured at home, farm, industry, public place (where?)  Meens of injury  Injured at work?  Injured at work?  Injured at work?  Andrews  No. McKENDREE BOYER  M. D. prother  Andrews  Damascus, Maryland  Date signed 4-6-47		

APR 11 1947
BUREA : 8

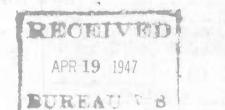
2411 N. Charles St., Baltimore 940

01219

# CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State				
How long in above pla Hospital, Institution,	or street address where	months.	11 days	Chevy Chase  City or town (If outside city or town limits, write RURAL and give nearest town)  Chevy Chase Country Club  Street No.				
US Naval	Hospital,	Betheso 3 m	da, Md. onths, 11 days	(If rurpl, give LOCATION)  1st WW	(If rural give LOCATION)			
3. (a) FULL NA	ME			ear Admiral USN Ret. Inact. 3.(b) Social Security I	Number			
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION				
male	W-IIS		widowed	20. DATE OF DEATH	at 8 A			
6.(b) Name of husba	nd or wife		c) If allve, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
deceased (mo., da	y, yr.) June 20	1002		Immediate cause of death	DURATION			
o. Ads.	Months	Days	If less than one day	Immediate cause of death	3			
10. Usual occupation			1	Due fo				
12. Name Mr. Homer Stanford dec.			dec.					
		chif	dec.	Major madings in operations.  Oate of op.				
18. Informant daughter: Mrs. Roy Sackett  Address Yacht INDY, c/o Yacht Club, Eau Gallie,  17. Cremation (Burial, cremation, or removal, Which?)  Cemetery or crematory. Arlington National				PHYSICIAN: Please underline the cause to which death should be charged	statistically.			
				22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide				
					(State)			
				Injured at home, farm, Industry, public place (where?)	•••••			
18. Funeral directo	, Joseph Gaw	ler	1×1510+	Meane of Injury Injured at work?				
Address 1	756 Penn. A	v., NW.	Wash D.C.o	23. SIGNATURE N. WILLIAMS, Capt. (MC) U	SN			
7 April 17 man dialotte Smith			gharlotte Smith	23. SIGNATURE M. D. M. D. Address USNH Bethesda, Md. Oate signed.	or other 14-8-117			



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State MAYM TO County ON T 9  City or town Bo (16 outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streef address where pleath occurred:	Street No.
	(If rural, givo LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
Addie May Stout	3. (b) Social Security Number
4. Sax   5. Color er race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W morried	20. DATE OF DEATH. april 19 1947 at 7:10 P: M
8.(b) Name of husband or wife. Somuel Stout T.  8.(c) If alive, give age 6.5 years  7. Sirih date ef	21. I CERTIFY that death occurred on the data above stated; that I altended deceased from  2. In the state of
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   tf less than one day	Immediate cause of death HyperAblahounia J OURATION 7 Years
9. Birthpiace Boyd, Monto Co. Mod (Town, county, and atate)  10. Usual occupation 10. Usual o	and attrioschette curhovasculus 10 gen
11. Industry or business	Due 18
12. Name 20 17 77 77 6 120 50 77	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name + esse 7/cholso77	Major findings of operations
15. 8irthplace \ \mathread	Dale of op.
18. laformant esse micholson	Autopsy results
Address Ochevy Chase, Mc	22. VIOLENCE: If dealh was due to external causes, fill in the following:
Burial, cremation, or comoval. Which?)  Date thereof DT// 31-43  (Burial, cremation, or comoval. Which?)	Accident, suicide, or homicide
method is't	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory	Injured al home, farm, industry, public place (where?)
Location Carps March	Means of injury Injured at work?
18. Funeral director.	01/4.113
Address Barnesville My	23. SIGNATURE James Y. Kerr M. U
19. 4/20 19.47 Mrs. C. C. Wilts (Date red by registrar)  Description of the property of the control of the cont	Address Damasem, nd. Date signed 4/19/47.

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BUREAL

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# 2411 N. Charles St., Baltimore 35.00 CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Jon gomery	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Wary Land County Montagement
How long in above place of death?	(If outside city or town limits, write RURAL and ave grarest town)
Hospital, Institution, or street address where death occurred:	1200 De De Cue Kell Cond
6309 Oak ridge Kd. Sethesda, My	Street No. O DIA CARTON)
How long in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME aubren & Taylor	3. (b) Social Security Number
4. Sex   5. Color of race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	
111111	20. OATE OF DEATH
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jev. 1946 10 apr. 22 194
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years   Donths   Days   tiless than ono day	Immediate cause of death
48 1 9hrsmin.	guara Caremonia, ess / u.o.
9. Birthplace	Oue to
10. Usual occupation.	Due to
11. Industry or business	
= 12. Name toku C. Jaylor	Other conditions
13. Birthplace	
M 1.0.1	(Include pregpancy within 3 months of death)
14. Malden name	Major findings of operations Granubura of Supra -
14. Malden name. Saman	Mariella lymph dasso
16, Informant Wife A	Antopsy results
Address 6 309 Cake ridge Que, Beth. Mrs	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory IN Juncella Cemettery	Where did injury occur?
150 0 0 1 1 1 1 1	Injured at home, farm, industry, public place (where?)
Location Location	Means of injury Injured at work?
18. Funeral director Dlarge W Wise 60. The	8/13/11
Address 2900 M. St. N.W. Washington W.	(or y. I accorded to
19. 4/2 2 19 47 Pm & John Registrar	23. SIGNATURE  Address Detheral Pul pre signed 422 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly... MARGIN RESERVED FOR BINDING

The correct age

VS A15

RECEIVED APR 25 1947 BURLAN

M. D. or other

Thursday Date signed apr 12 194

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE

MARGIN RESERVED FOR BINDING

TIFICATE	OF	DEATH	Reg. Dist. No. 218

CERTIFICA	Reg. Diat. No. 22/
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME Signi Valentine	Taylar 3. (b) Social Security Number
4. Sei 5. Color or race 6.(a) Single, married, wildowed, or divorced Married	MEDICAL CERTIFICATION  20. DATE OF DEATH ALL 18 4 7 at 5 A
6,(b) Name of husband or wife anna Tay Cor  6,(c) If allve, give age 6 year	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
T. Birth date of deceased (mo., day, yr.) Nanemblus 1, 1876	
8. AGE: Years Months Days If less than one day	Immediais cruse of death DURATION
9. Birthplace Month of State)	Due to.
1D. Usual occupation	Due to.
11. Industry or business	
12. Name alles augle laylar  13. Birthplace M. G.	Diher conditions.
master mar alice.	(Include pregnancy within 3 months of death)  Major findings of operations.
14. Malden name. 1. 1. Birthplace Many	Date of op.
16. Informant and Taylor (wife	Autopsy results
Address May Date thereof Asil 15, 194.  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory husely limited and the	Whers did injury occur?
18. Funeral director Dimmure Industrial	Means of Injury Injured at work?
16. Funeral director	am It I may

Registrar

23. SIGNATURE



APR 18 1947

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VS A15

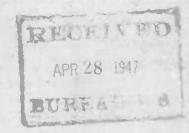
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

# CERTIFICATE OF DEATH

(11223 Reg. Dist. No. 218

1. PLACE OF DEATH: county Montgomery		state Md county Montgomery		
City or town				
How long in above place of death?	1me			
Germantown		Street No	***************************************	
How long in hospital or institution?	<del></del>	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME	0.77	3. (b) Social :	Security Number	
4. Sex 5. Color or race 5. Ca	Or Single, married, widowed, or divorced	MEDICAL CERTIFICATI		
<u>F</u>	3	20. DATE OF DEATH. Affil - 24-	18/ 1 1 - 1	
6.(b) Name of husband or wife		21. I CERTIFY that down occurred on the date above stated; that att	ended deceased from	
7. Birth date of deceased (mo., day, yr.) Nov. 30	7046	and that I last saw hell alive on	23-1997	
deceased (mo., day, yr.) Nov. 30 8. AGE: Years Months Day	rs If less than one day	Immediate cause of death		
4 2	4mln.	Manugatir -	3 days	
9. Birthplace German town (Town, county,  10. Usual occupation.  11. Industry or business  12. Name James Ha T.:	ylor, Jr.	Due to	3days	
3 13. Birthpiace Germantown,	n Tenny	(Include pregnancy within 8 months of death)		
14. maiden name		Major findings of operations	***************************************	
2 15. Birthplace Germanto	wn, Md	Date of	ор	
14. Maiden name Elizabet  15. Birthplace Germanto  16. Informant James H. T.  Address Germanto	aylor, Jr.	Antopsy results		
17		22. VIOLENCE: If death was due to external causes, fill in the following Accident, suicide, or homicide	of	
Cemetery or crematory St. Ros	e	Where did injury occur?	(State)	
Location Cloppers, M	d	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Ernest C. C.	Gartner	Means of injury Injured at w	vork?	
Address Gaithersbur	eg, Md	23. SIGNATURE LUMINING & MILLI	u, My.	
19 april 2 4 19 47 fils	ula I Cooke	gartherehing Mg	M. D. or other 4/24/4	



# 2411 N. Charles St., Baltimore 🔗 X CERTIFICATE OF DEATH

()1224 Reg. Diat. No. 223

1. PLACE OF DEATH:  tounty Montgomery  City or town. Takoma Park  (if outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Washington Senitarium and Hospital  How long in hospital or institution?  To months  1. Cusual Residence (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State D. C.  County Washington  (If outside city or town limits, write RURAL and give nearest town)  Street No. 2445. 15th St., nw  (If rural, give LOCATION)  2. (a) If veleran, name war  Thomas, Mrs. Iona  4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced	·····
City or town. Take ma Park  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Washington. (If outside city or town limits, write RURAL and give nearest town)  Hospital, institution, or street address where death occurred:  Washington. (If outside city or town limits, write RURAL and give nearest town)  Street No. 2445. 15th St., nw.  (If rural, give LOCATION)  2.(a) If veieran, name war.  3. (b) Social Security Number	·····
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Washington  Seriest address where death occurred:  Washington  Seriest No.  Washington  (If outside city or town limits, write RURAL and give nearest town)  Street No.  2445  Street No.  2445  In the seriest No.  (If rural, give LOCATION)  2.(a) If veteran, name war  3. (b) Social Security Number	·····
How long in above place of death?  How long in above place of death?  Washington Sanitarium and Hospital  How long in hospital or institution?  Thomas, Mrs. Iona  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  Street No. 2445 15th St., nW  (If rural, give LOCATION)  2.(a) If veleran, name war.  3. (b) Social Security Number	
Hospital, Institution, or street address where death occurred:  Washington Sanitarium and Hospital  How long in hospital or institution?  Thomas, Mrs. Iona  Street No. 2445 15th St., nw (If rural, give LOCATION)  2.(a) If veteran, name war  3. (b) Social Security Number	<u></u>
Washington Senitarium and Hospital  How long In hospital or Institution?  Thomas, Mrs. Iona  Street No. 2445 Inth St., nw (If rural, give LOCATION)  2.(a) If veteran, name war  3. (b) Social Security Number	<u></u>
How long in hospital or institution? 7 months 2.(a) if veteran, name war 3. (b) Social Security Number Thomas, Mrs. Iona	<u></u>
3. (a) FULL NAME Thomas, Mrs. Iona  3. (b) Social Security Number	. <b>.</b>
Thomas, Mrs. Iona	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	,
Female White Widow 20. DATE DF DEATH Office 19.47, at . 3.4	
- OF TOPOTERY BUT AND A STATE OF THE STATE O	
6.(b) Name of husband or wife 21. I Centify that death occurred on the date above states; that I attorned decease from 19. 4. 6 to	1.
	16
A- cos - 16 1077	7.1
8. AGE: Years   Months   Days   tf less than one day   Immediate cause of death   PACKER   DURATION   DURATION	pr
73 8 0min. Parallegra.	
9. Sirihplace Aurora, Indiana Due to	
(Town, county, and state)	
10. Usual occupation Housewife	••••••
Due to	******
11. Integrity of parameter	
12. Name George W. Taylor, Jr. Diher conditions.	
3 13. Birthplace Aurora, Indiana	
(Include pregnancy within 8 months of death)	
Hajor findings of operations	
15. Birthplace Versailles, Indiana	
14. Malden came Mary C. Mulbarger  15. Birthplace Versailles, Indiana  16. Intormant Hospital Records and Daughter  Actors results.	
DUVCICIAN. Diagram of the court of which death should be channed statistically	*******
Address Washington Sanitarium & Hospital	
(Burial, cremation, or removal, Which?)  Date thereof Openic 19-1947  (Burial, cremation, or removal, Which?)  Date thereof Openic 19-1947  (Burial, cremation, or removal, Which?)	
(Burial, cremation, or removal, Which?)	*******
Cemetery or crematory Ton Jeneslu Guestay Where did Injury occur? (City or town) (County) (State)	
(City or town) (County) (State)	
Location fruid Denger County, WA Injured at home, farm, industry, public place (where?)	******
18. Funeral director	
Address 2901 14TH ST WILL DC.	
23. SIGNATURE	*****
18. Wate rec'd by registrar   M. D. or other   M. or other   M	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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APR 19 1947

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The correct age legibly.

# PEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and lead to the cause of VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01225

CERTIFICAT	TE OF DEATH Reg. Dist. No. 216		
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
3. (a) FOLL NAME Robert R. Thompson	3. (b) Social Security Number unknown		
4. Sex  5. Color or race  6.(a) Single, married, widowed, or divorced  6.(b) Name of husband or wife.	MEDICAL CERTIFICATION  20. DATE OF DEATH		
7. Birth date of deceased (mo., day, yr.) Uch 19 1907	and that I part saw h alive on 19.  Immediate cause of death OURATION		
8. AGE: Years Months Bays If fess than one day  39 6 / hrs. min.  9. 6irthplace	Central hammany 3 km.		
(Town, county, and state)  1D. Usual occupation	Due to.		
12. Name Roll R. Thompson  13. Birthplace Nebs Va	Other conditions		
14. Maiden name Character Well Ja  15. Birthplace Character Hill Ja	Major findings of operations.  Date of op.		
Address Bancole plants   Burial - Transit   Date thereof   April 20, 1947    (Burial, cremation, or removal. Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or crematory Chatham Hill Cemetery	Where did injury occur?		
18. Funeral director. Ma.  Address Bethesda, Maryland  19. 4/20 19/7 2/m E Johnstone (Date ree'd by registrar)	Msans of Injury Injured at work?  23. SIGNATURE M. D. or other		

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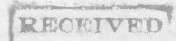
2411 N. Charles St., Baltimore 1310

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	U	J.	6	4	U	
g. Dist.	No.		2	-	14	P

1 PLACE OF DEATH:  County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)	State Meryland County Montgomery  City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)
fow long in above place of death?	Street No. 11 Park Valley Road (If rural, give LOCATION)
How long in hospital or institution?	2.(α) If veteran, name war
CLAUDE OLIVER TODD	3. (b) Social Security Number
(Sex   5. Color or race   6.(a)Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION  20. DATE OF DEATH OFFICE 19 1947 at 10:30 P.
5.(b) Name of husband or wife Mildred Virginia  B.(c) If allive, give age year  7. Birth date of deceased (mo., day, yr.)  Oct. 12th. 1890	21. I CERTIFY that death occurred on the date above stated; that t altended degeased from  September 19.45 to felling 19.47  and that I last saw h and alive on appeared 19.47
8. AGE: Years   Months   Days   If less than one day	Jeneraliza artero alema 1 year mermus candiar failur 3day
9. Birthplace Indiana (Town, county, and state)  10. Usuat occupation Owner Todd Machine Co.	Due to
11. Industry or business  12. Name Simeon Todd  13. Birthplace Ind.	
14. Malden name Ethel Shaw 15. Birthplace Ind.	(Include pregnancy within 3 months of death)  Major findings of aperations.  Date of op.
16. Informant Mrs. Mildred V. Todd  Address 11 Park Valley Rd.	Autopsy results
17. Burial Barial Date thereof 4-22-1947 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Rock Creek Location Washington, D. C.	Injured at home, farm, industry, public place (where?)
18. Funeral director el and E Sungary  Address Silver Spring, Md.	10 Bulanders and
Location Washington, D. C.  18. Funeral director March & Dungshrup	Injured at home, farm, Industry, public place (where?)

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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

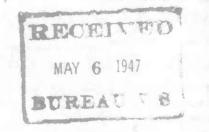
2411 N. Charles St., Baltimore 940

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	RI	35	Kat	1 0	

# CERTIFICATE OF DEATH

ar Dist No. 3/6

				Reg. Dist. No	Ff
1. PLACE OF DEATH:	3.77		2. USUAL RESIDENCE (HC	sidence of mother)	
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?			Street No. 8700 Old Georgetown Rd a., (Ifrural, give LOCATION)		
3. (a) FULL NAME	ETO	Ison SR.		3. (b) Social Security 578203-32	
4. Sex 5. Color or ra	ce 6.(a)Singl	e, married, widowski, ee diversed		cal certification	
		c) If alive, give ageyear	april 19	fhe date above stated; fhat I attended dec	28 19 4 X
8. AGE: Years Months 54	Days	If less than one day	Congestine	Hent Faler	DURATION 24-C
10. Usual occupationFeder  11. Industry or business  12. Name	al Stora	state)	Due to 2	tir Lebina	5-71.
14. Maiden name Phila  15. Birthplace Phila	delphia	Warren	Major findings of operations	y within 3 months of death)  Date of op	
Greydon Tolson, Son  Address 8700 Old Georgetown Rd. Bethesda  Burial  Burial  Burial  Bate thereof 4/30/47  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Rockville Union Cemetery  Location  Rockville, Maryland  18. Funeral director.			Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
			Accident, suicide, or homicide	external causes, fill in the following:  Bale of  y or town) (County)	
			Injured at home, farm, Industry, publ	'c place (where?)	
Address Bethesda,	- 0	mEloles	23. SIGNATURE LIBERT	M. D.  M.	or other
(Date rec'd by registrar)		2 Registra	Address 98/- Lung	A Date Signed	



2411 N. Charles St., Battimore 740

			2	1		
₹eg.	Diat.	No.			L-2	

CERTIFICA	Reg. Diat. No	4.1.62
1. PLACE OF DEATH:  County Montgoning	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Manyland County Minty	014-00-00-00-00-00-00-00-00
How tong in above place of death?	Cily or town (12 outside city or town limits, write RURAL and give nea	rest town)
Hospital, institution, or street address where death gecurred:	Straat No. 4919 Junisham Raf	
How tong in hospitat or tristilution?	(If rural, give LOCATION)	
Now tong in hospital or institution?		27 1
Methie L. Toth	NETTIE L. TOTH ) 3. (b) Social Security	Number
4. Sex 5. Color or raca 6.(a) Singla, married, widowed, or divorcad	MEDICAL CERTIFICATION	
Squal white widow	20. DATE OF DEATH adril 16 19 × 7	11:00 A
8.(b) Name of husband or wite Arken Toth	21. I CERTIFY that death occurred on the date above stated; that t attended deca	ased from
	Stop Beat Souls land	
7. Birth date of decaasad (mo., day, yr.) about 18 1857	aed that I last saw hative on	10
8. AGE: Yaars   Months   Days   If lass than one day	Immediate cause of death	DURATION
89 11 28hrsmin.	Crossy ordinan	The state of the s
9. Birthplace Dessay n-J.	Due to.	Breddin
9. Birthplace	7	
1D. Usuat occupation	Due to	/
11. Industry or business		
12. Nama Johnson Johns	Other conditions Authorise salarous	2 3/20
13. Birthplace	(Include pregnancy within 3 months of death)	
14. Maiden name leust Walson		
15. Birthplaca	Major fiedings of operations	
16. Interment Beatrice Ammeer	Autopsy results.	
0 - 4	PHYSICIAN: Please underline the cause to which death should be charged	
Address 4919 Junelin Rd. Was 16-08	22. VIOLENCE: tf death was dua to external causas, fill in the toltowing:	
(Burial, cremation, or removal, Which?)  Data thereot	Accident, suicide, or homicide	
Cemetary or cramatory	Where did injury occur?	(State)
Location Susser, new Jersey	Injured at home, farm, industry, public place (whare?)	
18. Funeral director martin W. Austro 60:	Maans of injury tnjurad at work?	
Address 1300 - N. St. N.W. , Washington , V.	Trank J. Browtout M.	·U.
4/11 112 90 7 81	23. SIGNATURE M. D.	or other
19. (Dato rec'd by registrar)  Begistrar	Addrass Addrass And Date signad.	4-16-57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore 73-2

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# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County Montgomery  City or town. Lewisdale MD.—  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  At home Lewisdale MD/  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale		
3. (a) FULL NAME	3. (b) Social Security Number		
Josephine Watkins	No re		
Female   5. Color or race   6.(a)Single, married, wildowed, or divorced   Married   Ma	MEDICAL CERTIFICATION  2D. DATE OF DEATH April 21 19 47 10:45 P:		
6.(b) Name of husband or wife Samuel C. Watkins  6.(c) If alive, give age 68 years  7. Birth date of deceased (mo., day, yr.)  May 6. 1877	21. I CERTIFY Ihat death occurred on the dale above stated; Ihal I attended deceased from		
8. AGE: Years   Months   Days   If less than one day   169   11   17   hrs.   min.    9. Birthplace   (Town, county, and state)   Housewife   10. Usual occupation.   Housewife   11. Industry or business	Due to.		
12. Name William Lee 13. Birthplace Maryland 14. Malden name Sucie Bail 15. Birthplace Maryland	Other conditions  (Include pregnancy within 8 months of desth)  Major findings of operations  Date of op.		
16. Informani Roby S. Watkinse  Lewisdale: Marylandd.	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory  Bethesda Maryland, Md.  Browningsville.	Where did injury occur?		
18. Funeral director Roy W. Barber  Laytonsville, Md.  19. (Date ree'd by registrar)  Registrar  Registrar	Means of Injury Injured at work?  23. SIGNATURE M. D. or other  Address Davisaria, 2014.  Bale signed 4/22/47.		



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# MARYLAND STATE DEPARTMENT OF HEALTH X

# 2411 N. Charles St., Baltimore 46-6) CERTIFICATE OF DEATH



Reg. Dist. No. ....

City or town	ontgomer amascus taide eity or town I of death?	imits, write R Vears death occurred	URAL and give nearest town)	Chant No.
Male	White	Ma:	rried	20. DATE OF DEATH April 1, 19.47 at 7:40A M
6.(b) Name of husband or wife. Blanche Sadalia Watkins.  6.(c) If alive, give age. 65 years 7. Birth date of deceased (mo., day, yr.) December 17, 1878				21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
8. AGE: Years	Months 3	Days 15	If less than one day	Carcinoma of stomach (nylorus) 6 mo.
9. Birthplace Frederick County Md. (Town, county, and state) 10. Usual occupation Retired farmer				
11. todustry or business    12. Name				(Include pregnancy within 8 months of death)  Major findings of operations
Cemetery or crematory Damascus Cemetery			emetery	Where did injury occur?
Location Damascus, Maryland.  18. Funeral director. J. B. Beall, Inc.			***************************************	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured et work?
Address			Md.	23. SIGHATURE The Kendres Boyer . ?
19. Chril (Date rec'd by reg	3 19 % Z	<u>d</u>	lella W. Burde Registri	Many and Marior other



2411 N. Charles St., Baltimore 4000 X

# CERTIFICATE OF DEATH

01230

	Dist				1
00	Dist	No	7	4	T

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County Magnety Men			
(if obtaids city or town limit, write RURAL and give nearest town)	State of Many County Descrito const		
How long in above place of death? 600 12 Can Lad	City or town (11 outside city or town limits, write RUKAL and give nearest rown)		
Hospital, institution, or street address where death becurred:	Street No. Signer & bring R C. D. #2		
	(tfrural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME John alfred Wheele	3. (b) Social Security Number		
4. Sex 6. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W married	20. DATE OF DEATH 20 april 1917, at 11:55 PM		
8.(b) Name of husband or wife martha male Wheele	21. I CERTIFY that dealb occurred on the date above stated: that I attended deceased from		
8.(c) If alive, give age. 62 years	Feb 1947, 10 20 904 1947		
7. Birth dute of deceased (mo., day, yr.)  25 July 1883	and that I last saw h. A. While on 20 april 1947		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
63 8 26min.	Carissona Z Colon		
9. Birthplace Chilliam, Manyland (Town, county, and state)	Due to.		
10. Usual occupation	Due to		
11. Industry or business	Ä		
12. Name Milliam B. Macler  13. Birthplace Farland ma	Other conditions		
N Fridt	(tnclude pregnancy within 5 months of death)		
15. Birthplace Chilburn Manland	Major findings of operations.		
18. Informant Acry S. Drhelles	Autopsy results		
Address, 311 Williamsbury Dr. Schneith	PHYSICIAN: Please underline the cause to which death should ha charged statistically.		
Burial Bate thereof 4/23/47	722. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)  Oute thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory St. Marks Cemetery	Where did injury occur?		
Localion Fairland Maryland	Injured al home, farm, Industry, public place (where?)		
18. Funeral director Worker Jumphrey	Means of injury Injured at work?		
Address Bethesda, Maryland	William D. and mD		
19. agri- 7 1 19 47 Jesphine m & half	18. GRATURE PROCESSIBLE Rd, Julier Spring a room 162		
Registrary	VAddress 7 006 College of Many Date stened 7 0 cm 4		

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APR 24 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Yet is especially important. Physicians: please write the causes of death clearly and legil

correct age

# VS A15 9-4

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore Bi-

# CERTIFICATE OF DEATH

01231 Reg. Diat. No. 2/6

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State MARYLAND County MONTGOMERY  City or town S. (LYER SPRING: (If outside city or town limits, write RURAL and give nearest town)  Street No. 12.20 BLAIR MILL RD: (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
White John Thomas	577-36-1858
4. Sex 5. Color ograce 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE White MARRIED	20. DATE DF DEATH RESELVED 3 19.47, 21 9:257.
8.(b) Name of husband or wife haffie A. LANG.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Juanel 3/ 184/ 10 2621/3 194/
7. Birth date of deceased (mo., day, yr.) AUG-31-1885	and that I last saw h Amazalive on Company 19. 7
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Luckes
6) 7 13hrsmin.	
9. Birthplace Clarks bury VV. VA-	Due to Several Several
10. Usual occupation Butch 5-P	Due to
11. Industry or busines	
12. Name TROMAS C White-	Diher conditions Chromic Challeystitis
	(Include pregnancy within 3 months of death)
14. Maiden name A The RINE PRANS S-	Major findings of operations. Zwore
E 15. Birthplace UIR of My	Oate of op.
16. Informant Solv, O Roy T. White	Antopsy results gut done
Address 1220 Black Mill Rd S.S. Md	PHYSICIAN: Please onderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or erematory BRIDGE PORT MASONIC	Whera did injury occur?
Location BRIDGISPORT - HARRISON CO. W. VA	Injured af home, farm, Industry, public place (where?)
18. Funeral director Wares & 6 mephray -	Msans of Injury Injured at work?
Address SILVER SPRING-MO	thank a Back m. 1.
1111 2/n 7 n 6	23. SIGNATURE. A.D. or other
19. (Date resid by registrar)	Address 248 Ja. Hue Lehrender Bate signed 4-73-9

RECEIVED

APR 19 1947

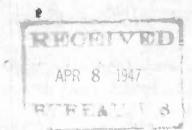
BUREAU V &

2411 N. Charles St., Baltimore

01233 Reg. Diat. No. 216

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	StateCoupty
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	Streel No. 3/16 Wood ey Rd. n. W.
Suburban Hospilal	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
Mrs. Martha War boroug	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white wisow	20. DATE DE DEATH April 6, 1947, al 543P. M
6.(b) Name of husband or wife Wilbur Fiske	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of Section 2017	and that I last saw h alive on while by 18 4.7
deceased (mo., day, yr.)	Immediate cause of death Fulling of Right DURATION
8. AGE: Years Months Days tilless than one day  56 5 4hrsmin.	Ende I lieast 1
9. Birlhplace	Due to asking
10. Usual occupation. Housewile	Due 1o.
11. Industry or business	
12. Name 011 (2) 1790 (2)	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
HE 14. Malden name	Major findings of operations.
El 15. Birthplace War angelis	Date of op
16. Normant Martina	Autopsy results
Address Capital Holes - 5 12 480	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory City Cemeters	Where did injury occur?
Location Miartie, Fla	Injured at home, farm, industry, public place (where?)
Lancia O Dalli	Means of injury Injured at work?
18. Funeral director	2/ 00 1
Address 3821-14 St. N. Washell	23. SIGNATURE FOUND STORY STORY STORY
19. Registra	Paddress 1925 by or Me Bate signed full by



119	correct
1	7. The
	carefully
	information
U	Chul

ARGIN RESERVED FOR BINDIN

age

1. PLACE OF DEATH: every item of information carefully. Incomite the causes of death clearly and legibly How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME ADING INK. Supply ever Physicians: please write deceased (mo., day, yr.) 8. AGE: Years 10. Usual occupation. 11. Industry or business 12. Name WITH UNF 13. Birthplace 14. Malden name 15. Birthplace PLAINLY, is especially Date thereof. WRITE Cemetery or crematory. ASE

2. USUAL RESIDENCE (HOME) OF DEC	
Beach	Mart
(If outside city or town limits, write	
Street No. 8504 Estimated (11 rural, give JOCAT	TON)
2.(a) If veteran, name war	
3. (	b) Social Security Number
in	
MEDICAL CERTI	FICATION
20. DATE OF OEATH 4-9-47	19 at /
21. I CERTIFY that death occurred on the date above states	
Jan 19 47	10 1 19.1
and that t last saw h as alive on 4 - 9 -	H 7 19
Investitate annual death	OURATIO
Cucuroma of pro	state yes
	***************************************
Due 10	***************************************
Oue to	,
Other conditions	***************************************
(Include pregnancy within 3 months	of death)
Major/findings of operations	•••••
	Date of op
Autopsy results	***************************************
PHYSICIAN: Please underline the cause to which dea	th should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill	In the following:
Accident, suicide, or homicide	
	200
Where did Injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (where?)	
Means of Injury	Injured at work?
	101
1 1 0 14	anker m
23. SIGNATURE Tarel O	M. D. or other
Address 7425 Cur cersain	
77/49 5 1 4 6 1 7 7 7 7 4 7 4 7 4 7 7 7 7 7 7 7 7 7 7	

